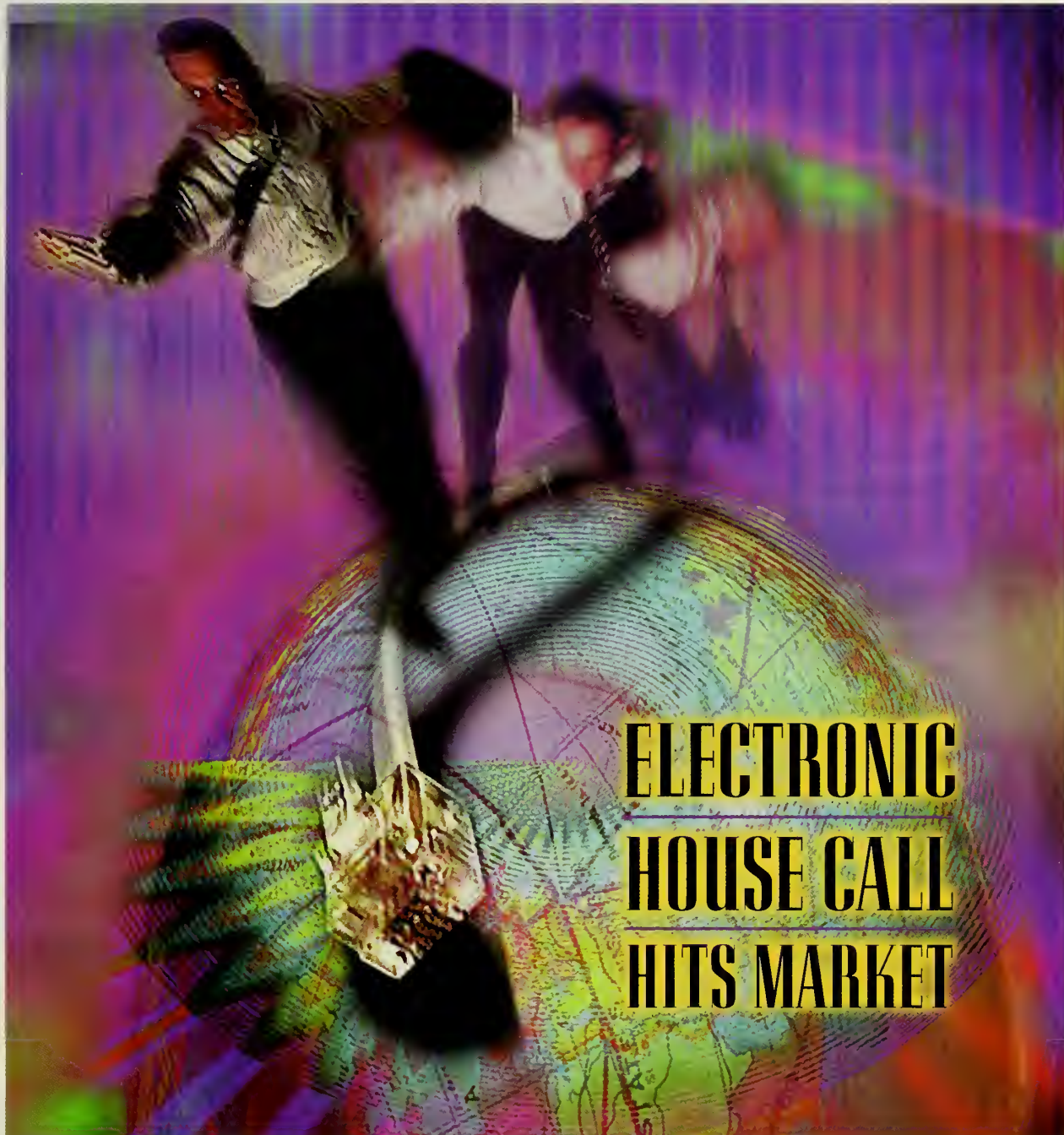




Today

Volume 26, Number 4

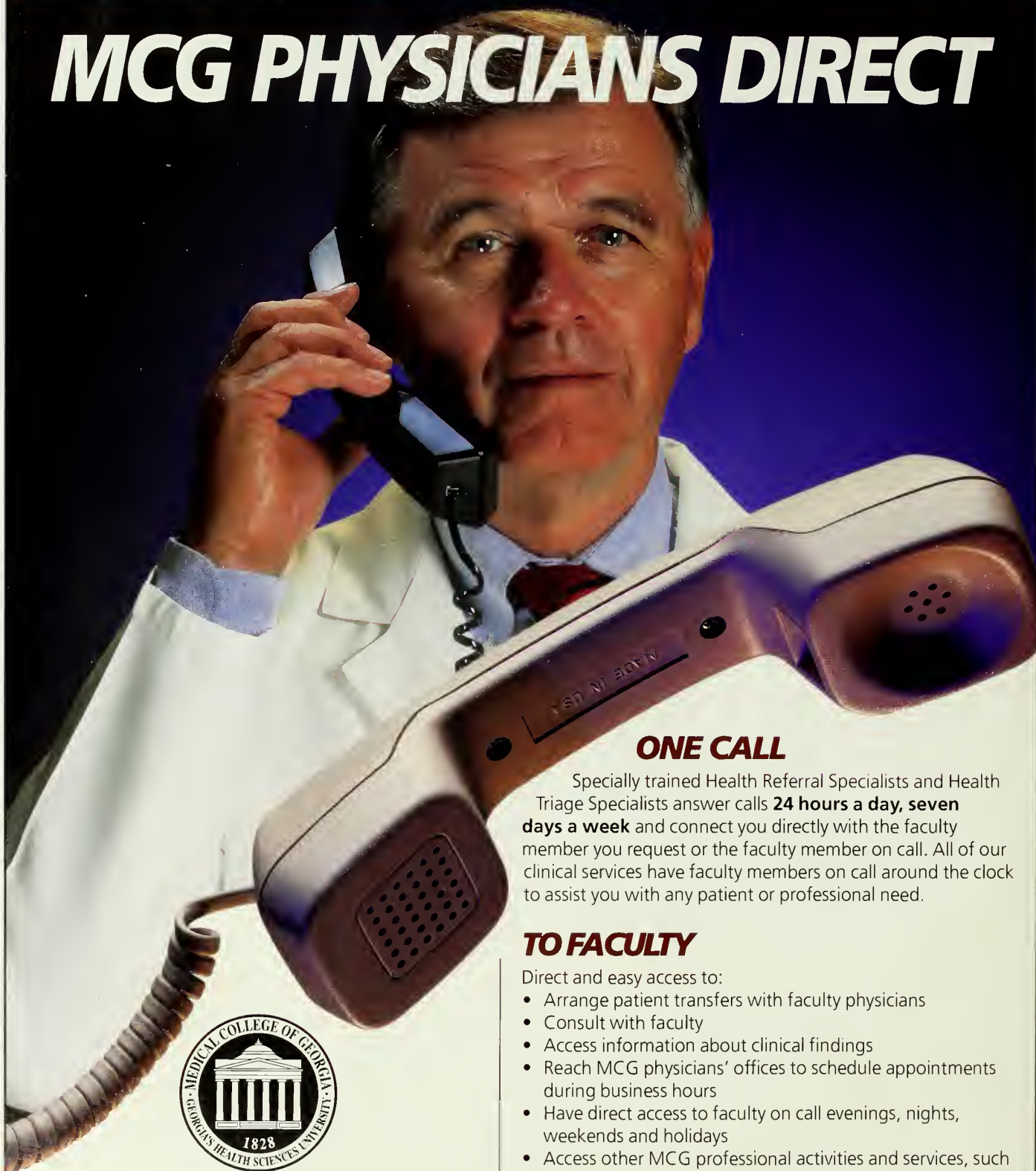
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Today

Volume 26, Number 4

Summer 1998

The Medical College of Georgia is constantly uncovering new and better ways to maximize health and treat disease. This edition of *Medical College of Georgia Today* offers several dramatic examples.

For instance, thanks to the Medical College of Georgia, many chronically ill Georgians are now largely freed from the logistical struggles of obtaining health care. The electronic house call enables patients to be examined in their homes.

Also, MCG researchers are working to refine a drug cocktail that will cause cancer cells to self-destruct. Other research initiatives have significant implications for diseases such as hypertension and blindness. These and other noteworthy projects are detailed in this edition of *MCG Today*.

Read also about an MCG patient who a year ago was virtually bed-ridden due to morbid obesity. Because of her bariatric surgery at MCG, she is today an active young woman facing a bright future.

And check out Dr. David Freeman's goals as President-Elect of the Georgia chapter of the American Academy of Pediatrics. Dr. Freeman, an MCG alumnus, is helping the MCG Children's Medical Center bring together the best pediatric resources in the community for the sake of Georgia's children.

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Executive Editor: James B. Osborne, Ed.D.

Director of Marketing and Public Relations: Dale Crail

Editor: Christine Hurley Deriso

Art Director: Brent D. Burch

Photographer: Phil Jones

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at a glance

Cat Connection

Sharon Butler will never forget an elderly man's reaction when her cat, Hiawatha, visited him in a nursing home. The man no longer speaks, but his face lit up when he saw the cat. "Pretty kitty," he said. "Big kitty."

"They were the first words he'd spoken in a long time," said Ms. Butler, Assistant Professor of Adult Nursing at the Medical College of Georgia.

For the past year, Ms. Butler has enlisted Hiawatha's help in reaching out to the elderly—

and helping her students do likewise. Each quarter, she takes junior nursing students to Beverly Manor Convalescent Center to spend a day visiting with nursing home residents. It is vital that the students become comfortable with the most vulnerable members of society, Ms. Butler said. But the residents' limitations and disabilities can make it difficult to establish rapport. Ms. Butler sensed that her 3-year-old Maine Coon cat, Hiawatha, might be able to bridge the gap. The cat, a sweet-tempered 16-pounder with long, lustrous fur, has proven he's up to the challenge.

Junior nursing
student Cynthia
Faulkner introduces
Hiawatha to a
nursing home
resident



During the visits, Ms. Butler and her students carry Hiawatha around the facility, inviting the residents to pet or hold him. "He's shy but calm," she said. "Maine Coons are called the gentle giants of the cat world because of their disposition. He'll sit on a bed, sit in a lap and let anybody pet him. It's almost like he realizes these people have special needs. He's very tolerant."

Perhaps his most vital role during the visits is to serve as an ice-breaker for the students, she said. "He helps relieve a lot of the students' anxiety. Many have had prior experience with loved ones in nursing homes and they're anxious when they go back. It's hard to relate to people who aren't cognitively intact. But when they respond to Hiawatha, the students get a glimpse of the person inside. He makes them real."

Program Ranked 6th

The Medical College of Georgia master's degree program in the School of Nursing has been ranked 48th in the nation, and its Nursing Anesthesia Program ranked sixth in the nation, by the national magazine, *U.S. News and World Report*.

MCG offers master's degrees in several nursing fields, including nurse practitioner and, most recently, nurse anesthesia.

"This is outstanding for a new program that just graduated its first students," said MCG School of Nursing Dean Vickie A. Lambert of the ranking for the Nursing Anesthesia Program.

MCG's nurse anesthesia program, unveiled in fall 1995, is the only such program in the state, according to Dr. Fred Lupien, Coordinator of the program. The school features a laboratory in which mannequins simulate physiologic responses to anesthesia.

MCG's program was created in part to help alleviate the shortage of nurse anesthetists in Georgia, said Dr. Lambert. "There is a great need for nurse anesthetists in Georgia," she said. "[Before our program began], the state had been without a program for more than a decade."

According to a 1989 congressionally mandated study, more than 6,000 additional certified registered nurse anesthetists are needed in the country, and 40 percent more are expected to be needed by the year 2010.

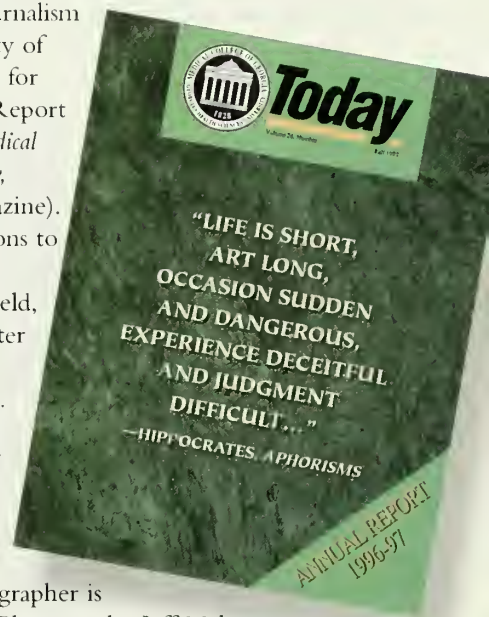
The MCG School of Nursing worked closely with MCG's School of Medicine Department of Anesthesiology to develop the program, Dr. Lambert said. "This is truly a collaborative effort."

Magazine Awarded

The Medical College of Georgia's Division of Institutional Relations has received an Excellence in Journalism

Award from the Society of Professional Journalists for MCG's 1996 Annual Report (the fall edition of *Medical College of Georgia Today*, MCG's quarterly magazine). Augusta-area submissions to the competition were judged by the Springfield, Mo., professional chapter of the Society of Professional Journalists.

Christine Hurley Deriso is the editor of the magazine. The art director is Brent D. Burch in Medical Illustration. The photographer is Phil Jones in Medical Photography. Jeff Mabon also contributed photography for the 1996 Annual Report. Staff writers for the edition were Ms. Deriso, Toni Baker, Sally Simkins, Carole Jones Smith and Susan Yarborough.



Welcome Mat for Minorities

Beverly Y. M. Tarver, MCG's new Director of Minority Student Affairs, says attracting more minorities to MCG requires a generous dose of elbow grease. "If we want to meet the needs of our constituents in the state, the Southeast and the nation, we need to educate a diverse group," said Ms. Tarver, who served as a counselor in the MCG Office of Student Financial Aid before being named to her current position. "MCG needs to track and target those from under-represented groups, go out there to them, get them to apply and offer them a fair chance at admission and retention through graduation."

Ms. Tarver is up to the challenge, according to Dr. James B. Puryear, MCG Vice President for Student Affairs. "Ms. Tarver has extensive experience in student affairs work both here and at the University of Georgia," he said. "We feel very fortunate to have her."

A NEW ERA IN BREAST CANCER TREATMENT

BY TONI BAKER

Insidious breast cancer cells that escape the surgeon's knife and survive the toxicity of chemotherapy are now targets for self-destruction.

Medical College of Georgia researchers are studying whether tamoxifen—an anti-estrogen already prescribed for breast cancer patients with hormone-dependent cancer—coupled with RU 486—an antiprogesterin—comprise the cocktail needed to induce suicide in these tenacious cancer cells.

“Our goal is to improve cancer therapy for breast cancer patients, possibly improve chemoprevention (the prevention of breast cancer), improve the adjunct treatment of breast cancer and improve treatment of advanced disease so that we can significantly improve the quality of life for patients and significantly increase their survival,” said Dr. M. Fathy El Etreby (right), Director of Clinical and Basic Science Research for the MCG Section of Urology.

Dr. Etreby is principal investigator on a newly awarded \$656,280 grant from the National Institutes of Health's National Cancer Institute to confirm in the laboratory whether this anti-hormone cocktail causes breast cancer cells to self-destruct.

“There are two types of cell death,” he said. One



involves using a toxic agent, such as chemotherapy, to damage and destroy cells and tissue. The other is called apoptosis, or programmed cell death, which involves changing the genetic mechanism of the cell so that it destroys itself.

Ten years ago, there was little talk about the second methodology. But today researchers are learning that this is actually the mechanism of action for some drugs, such as tamoxifen, RU 486 and finasteride, a commonly prescribed drug for prostate enlargement.

The treatment potential for apoptosis is enormous, not only for cancer, but for eating away the destructive plaque of atherosclerosis and Alzheimer's disease and for whittling an enlarged prostate back down to normal size.

In cancer, the potential appears greatest for slow-growing types, such as breast and prostate cancer, that are less responsive to traditional chemotherapy and radiation therapy regimens.

"For many ages, researchers were really concentrating on inhibiting cell proliferation and cell growth so they could keep cancer under control and prevent it from growing and killing the patient," Dr. Etreby said. This worked well on rapidly proliferating cancers such as non-Hodgkin's lymphoma and leukemia. But not so for the slower-multiplying, hormone-dependent cells of breast and prostate cancer. The evidence is pointing toward apoptosis as a more effective means of battling these cancers.

Several years ago, Dr. Etreby and Dr. Ronald Lewis, Chief of the MCG

Section of Urology, began a clinical trial, funded by the Cancer Research Foundation of America, treating men with early-stage prostate cancer with RU 486. Both the prostate and prostate cancer cells require male hormones, but 90 percent of men who receive anti-androgen (male hormone) therapy have a slow yet inevitable recurrence of prostate cancer. Drs. Etreby and Lewis believed it was the androgen-independent cells that eventually won out and that a double whammy of an anti-androgen and antiprogesterone might eradicate the cancer.

Dr. Etreby describes the results of those studies as "exciting," and he, Dr. Lewis and MCG have a patent application pending for the use of RU 486 in treating prostate cancer and benign prostate enlargement.

"We now are conducting tissue culture and nude mice experiments to confirm and provide preliminary results showing that RU 486 seems to play a significant role in the management of prostate cancer, especially at preventing androgen-independent progression," he said. RU 486 seems to work by binding to the progesterone receptor in the prostate cancer cell, thereby altering the gene expression and prompting the cell to commit suicide.

Meanwhile, Dr. Etreby also was studying just how

tamoxifen and RU 486 induce breast cancer cell suicide and pursuing the theory that the two together could be more effective than tamoxifen alone in helping women with hormone-dependent breast cancer, the most common form of breast cancer.

"What is really most exciting is the fact that we discovered a certain synergy between RU 486 and tamoxifen,"

Dr. Etreby said.

He theorizes that there are estrogen-positive cancer cells, progesterone-positive cells and a third cell type that is positive for both. Tamoxifen attacks the estrogen receptor positive cancer cells, RU 486 attacks the progesterone receptor positive cells and they both attack the third cell type. "We are seeing this in tissue culture and in nude mice experiments. And this most likely will be the case in people," Dr. Etreby said.

Tamoxifen's role in breast cancer treatment already is proven; it's the extent of the role still being pursued by Dr. Etreby and other researchers.

In April, the NIH announced a study of 13,388 women at high risk for breast cancer—because of factors such as a strong family history and personal history of precancerous breast lumps—which showed that women who take the drug prophylactically may reduce their breast cancer risk by 45 percent.

Tamoxifen already is routinely given to women, typi-

cally post-menopausal women, who have hormone-dependent breast cancer. After surgery to remove the tumor or the breast, the cancerous tissue is examined for estrogen and/or progesterone receptors. If none are found, which occurs most typically in pre-menopausal women who tend to have more aggressive breast cancer, tamoxifen has no role; chemotherapy is the treatment of choice. But if hormone-dependent cells are there, tamoxifen is the choice, and often for these women, chemotherapy has no role.

Dr. Etreby believes adding RU 486 to the tamoxifen treatment regimen will further strengthen that modality.

In his studies in culture and in nude mice injected with human breast cancer cells lines, he found that each anti-hormone agent worked well independently for a few days, but then their effectiveness began to level off. But when both were given, the cells that escaped one fell prey to the other. The NIH grant was funded to confirm and clarify the mechanism of action of these agents and their synergy in targeting two different cell populations.

"We will be doing numerous tissue culture studies and animal experiments to try to confirm the role of tamoxifen, the role of antiprogesterones such as RU 486 and especially the combination of the two so that we can confirm that our rationale is valid," he said. "As soon as we understand the exact mechanism of action, we will encourage the clinical community to conduct the trials needed so we can get this treatment established for patients with breast cancer."

The Medical College of Georgia and the Georgia Institute of Technology have partnered with a pioneering group of telecommunications executives to make it possible for health care providers to examine patients in their homes electronically.

Atlanta-based CyberCare, Inc., is working with MCG and Georgia Tech to commercialize and distribute the electronic house call system.

Developers say the system has a huge potential market for assisted living centers, nursing homes, prisons and the homes of chronically ill people who typically frequent doctor's offices, emergency rooms or hospitals.

"The timing was right for this system," said John Haines, President and Chief Executive Officer of CyberCare, Inc. "It's a new market driven by the need to improve the level of care for patients outside of the hospital setting."

Insurance providers are interested in the system's ability to help avoid hospitalization for chronic health problems; physicians see the system as a tool for serving patients in multiple settings, Mr. Haines said. "We are excited that the marketplace is really coming after us without any promotion on our part. Pilot projects are under way with four large customers of the company." CyberCare plans its first shipment of the new version of the system this year.

The Georgia universities announced in December 1996 a prototype for a computer-based system that allows health care providers to interact from



ELECTRONIC HOUSE CALL HITS MARKET

BY TONI BAKER

their offices with patients in their homes and measure health indicators such as blood pressure, heart rate, blood-oxygen levels and weight. The prototype cost about \$15,000. CyberCare plans to make the newer system available for under \$10,000 and a lower-end version of the system that uses a television set for about \$3,000.

"It's a concept which we think will enhance health care delivery not only in this country, but throughout the world," said Dr. Francis J. Tedesco, President of MCG.

"This project is a perfect example of how technology can be brought to bear in improving lives," said Dr. Wayne Clough, President of Georgia Tech. "It showcases the strengths of two great research institutions, the support of the Georgia Research Alliance and, ultimately, the private sector in bringing the product to market."

"It is an incredible opportunity to have an impact on health care," said Dr. Max E. Stachura, Director of the MCG Telemedicine Center who, with CyberCare, will oversee the system's further clinical development. Potential clients include people with congestive heart failure, diabetes, high-risk pregnancies and multiple age-related medical problems, he said. The system also has potential in group living environments such as nursing homes or prisons, not only for routine monitoring but to decide whether patients need to be transported to a medical facility, he said.

"One of the benefits of conducting applied research is seeing ideas move from the laboratory and become commercial products," said Michael F. Burrow, Senior Research Engineer and Interim Director of Georgia Tech's Biomedical Interactive Technology Center. "The fact that the electronic house call will now become a commercial product is very rewarding.

It's even more rewarding because it will enable health care professionals to take better care of their patients." Mr. Burrow and CyberCare will oversee technical development.

MCG and Georgia Tech each own 10 percent of CyberCare, Inc., and each has a Vice President on the company's board of directors. Revenue generated by the sale of the system will support other research at the universities.

"This represents the goal of the whole Georgia Research Alliance, in which universities work together to develop an idea then transfer the idea to the private sector," Dr. Tedesco said.

The prototype development and its initial clinical testing was funded by a \$916,687 grant from the Department of the Army and a \$950,000 grant from the Georgia Research Alliance. Twenty-five prototypes were built and tested in the homes of patients from MCG Hospital and Clinics and Eisenhower Army Medical Center at Fort Gordon.

"This is precisely the outcome we were seeking when we initially funded the electronic house call project," said William J. Todd, President of the Georgia Research Alliance. "There is a dual benefit to Georgia when a new company can be formed and patients in Georgia can be given better care less expensively."

The original prototypes have been collected from the homes of patients and will be available for trial use by companies interested in purchasing the system, Dr. Stachura said. The capabilities of the original system already have been expanded to include a spirometer to check lung function, a glucometer to check blood glucose levels and a fetal heart rate monitor and uterine activity monitor for high-risk pregnancies. With the original prototype, health care providers could listen to the patient's heart and lungs and perform an electrocardiogram in addition to checking their heart rate, blood oxygen level, blood pressure and weight.

"The main purpose is to have a unit that is modular and sufficiently standardized that you can pick and choose your list of sensors based on the needs of the patient," Dr. Stachura said.

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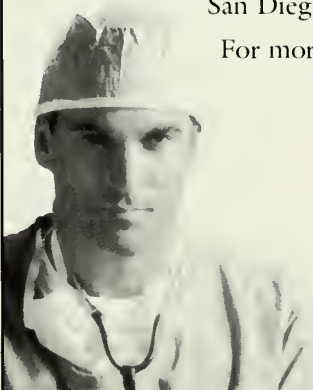
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LET THE JOURNEY BEGIN.



This spring, as azaleas and dogwoods bloomed in Augusta, Julia Green rejoined the world.

She re-enrolled in college, resumed her singing career and recaptured her joy of living.

It was quite a comeback, one she couldn't even have imagined this time last year. Julia, a single 27-year-old Augustan, was so obese by 1997 that her life had virtually ground to a halt. At 454 lbs., she could barely walk from one room to the next. She couldn't bend over to tie her shoes. She quit going to college and applied for disability, unable to work. Her blood pressure soared and she developed a heart arrhythmia. "I thought I was going to be one of those people who just lie in bed and die."

And she had almost accepted that fate. Death, she figured, would probably be an improvement. At her lowest moments, she pondered suicide.

But deep down, Julia yearned to live. "It reached the point where I was either going to die or I was going to say, 'I'm sick of this. I'm better than this. I'm meant for something more.'"

That's when Julia called the Medical College of Georgia.

A Matter of Life and Death

By Christine Hurley Deriso

Dr. Robert Martindale, a gastrointestinal surgeon and nutritionist at the Medical College of Georgia, knows all too well that obesity can be much more than a cosmetic problem; it can be a matter of life and death.

He met Julia several months ago and was impressed by the articulate young woman who calmly and rationally explained to him that she had tried every conventional means of weight loss available. Nothing had worked, and she was desperate. Would he help? Would he perform surgery to treat her obesity?

"I had tried not to get my hopes up, and my friends told me that if he wouldn't do the surgery, it wasn't meant to be," Julia said. "But I felt like this was my last hope. When Dr. Martindale said OK, I jumped up and hugged him."

Dr. Martindale pulls no punches with his patients. He considers surgical treatment of obesity so extreme that he will consider performing it only when all other avenues have failed. Any surgery for a morbidly obese patient is very high-risk; the simplest complication can become life-threatening.

"Bariatric surgery (surgical treatment

of obesity) became available in the late 1960s, but the first 10 years were truly a disaster," Dr. Martindale said. "There were a lot of deaths. Today, most outcomes are good; the death rate is about 1 in 500. I've done several hundred operations and I've never lost a patient during surgery. But one patient, who was 860 lbs. and hadn't walked in five years, had a pulmonary embolus five months after surgery. No one should ever forget that the results can be disastrous."

His screening process is extensive, including a psychiatric evaluation indicating a healthy attitude. He also requires

his patients to be counseled by MCG registered dietitian Gail Cresci, with whom he works closely. Only those who have stuck to a conventional weight-loss program for at least a year—without success—are considered for surgery.

"I only do the surgery in life-threatening cases," he said. "If people look at surgery as an easy way out, I adamantly refuse to operate on them. I truly think this operation should not be done for cosmetic reasons. Those I accept are motivated and realize the operation will require tremendous sacrifice on their part." His typical patient weighs in the 500-lb. range, or about 200 percent above ideal body weight.

Such extreme obesity is self-perpetuating, Dr. Martindale said. It's true that people must consume more calories than they burn off to become overweight. But once the weight is on, researchers theorize that an internal set point, which works to maintain a consistent percentage of body fat, is raised. At that point, metabolism slows, and reducing caloric intake even slightly can convince the body it is starving. In a misguided bid for self-preservation, the body tenaciously clings to the fat.

"The philosophy of obesity has changed," Dr. Martindale said. "When I was training, we truly believed it was a problem of overeating. But now we know that once people become obese, their metabolism changes. Morbidly obese people can diet but still lose very little weight."

The emotional ramifications, he said, can be devastating. "It's very depressing for a morbidly obese person to diet. It's easy to say, 'What's the use?' Then they go back to their old eating patterns."

"It's a catch-22," Julia said. "You're unhappy, so you eat to make yourself feel better, then you gain weight and become more unhappy than ever."

To further complicate matters, morbidly obese patients often find it almost impossible to exercise. "Some patients literally cannot expand their lungs because of the weight on their chest," Dr. Martindale said.

Many obese people also are depressed or embarrassed about their condition, further impeding exercise.

Their state of mind, Dr. Martindale said, is understandable: As easy as it is to become overweight in a sedentary society that provides instant access to high-fat food, Americans typically have little sympathy for the overweight.

"Overweight people aren't treated as people with a disease; they're treated as social pariahs," Dr. Martindale said.

Self-consciousness, Julia said, is the constant companion of the obese. In school, she coped by cultivating an extra-friendly personality, the better to preempt ridicule and ostracism. "I was the girl the guys liked because they could talk to me without the tension of a romantic situation. And all the girls liked me because they knew I was no threat. I was the fat girl everybody liked. But although I had friends, I've missed out on so much that most people take for granted. I've never even been out on a date."

Social problems are only part of the price the overweight pay. Morbidly obese people are at high risk for diabetes, high blood pressure, heart disease and a host of other potentially life-threatening conditions. Those in imminent danger, like Julia, are candidates for surgery.

Dr. Martindale offers two forms of bariatric surgery. The first is gastroplasty—stapling the stomach to reduce the size of the pouch that holds food. A stapled stomach can hold only about 2 tablespoons of food, creating a feeling of satiety after consuming very little food. "Most people lose about 30 percent of excess weight over one to two years with this operation," Dr. Martindale said.

Gastric bypass, the newest form of bariatric surgery, involves sewing a piece of the small intestine to the stomach. "This creates a smaller pouch and removes the area that absorbs food," Dr. Martindale said. "The food doesn't even go into the stomach anymore."

Side effects include iron deficiency and calcium malabsorption, which can be counteracted by vitamin supplements. The average patient loses about 40 percent to 50 percent of excess weight within a couple of years of this surgery.

Despite the likelihood of significant

weight loss, neither form of surgery is a cure-all.

"If you eat enough, you can beat this surgery," said Dr. Martindale, noting the possibility of ripping the staples or stretching the pouch.

Julia wanted the gastric bypass surgery, but Dr. Martindale counseled against it. "He was concerned that as young as I was, I would have a calcium deficiency," she explained.

Instead, in October 1997, Julia underwent gastroplasty, opting for an epidural anesthetic as a lower-risk alternative to general anesthesia. An episode of heart arrhythmia during her surgery necessitated several days of observation in intensive care. But all in all, Julia was astonished at how uneventful and pain-free the experience was. "I thought there would be more discomfort," she said.

Julia said her care at MCG was exceptional. "Everyone treated me wonderfully. When I went into the hospital, I was so afraid they would make me feel fat. Being exposed is a great fear of obese people. But not once did anyone take away my dignity, and I thank them for that from the bottom of my heart."

Ms. Cresci had already begun counseling Julia before surgery, then met with her in the hospital to outline an eating plan. "I usually like to see the patients as soon as they start eating after the surgery," Ms. Cresci said. After surgery, patients are limited to a clear-liquid diet. After about two weeks, they begin a full-liquid diet, then gradually start adding foods.

"The maintenance diet is 1,200 calories a day," Ms. Cresci said. She teaches patients to plan low-fat, low-calorie, vitamin-packed meals. Although her general rule is that most foods are acceptable in moderation, surgery can place certain foods off-limits. For instance, sweets generally cause diarrhea for those who have had gastric bypass surgery.

As Ms. Cresci counseled her, Julia was a rapt and eager student. "As a child, I wasn't taught to eat well," Julia said. "My parents both worked, and we just ate when we could, at any hour."

Today, her favorite foods are vegetables. "I'll eat meat if it's very lean, but I

can't hack fat," she said. "I tried to condition myself to dislike it—and it worked."

On the other hand, she is careful not to let herself feel deprived. "When I go out to restaurants, I don't necessarily order the lowest-calorie dishes," she said.

Eating in a restaurant, incidentally, is one of the joys in life Julia has rediscovered. "I won't hide from people," she said. "I'm through with that."

As of this spring, Julia had lost about 70 lbs. and was continuing to lose steadily. She has re-enrolled at Augusta State University and majors in music. An accomplished mezzo soprano, Julia sings in concerts and performances in the area. She walks regularly and hopes to join a health club soon.

"I can bend now. I can take care of my personal needs a whole lot better than before. My clothes are so loose, my pants are falling off. Everything in my life has changed. I can't even describe the difference."

As Julia's girth has decreased, her dreams have blossomed. "I want to sing at the New York Met."

Vive le Home-Cooked Meal

By Christine Hurley Deriso

France, with its glittering cities, splendid cathedrals and aura of romance, has plenty going for it. But perhaps nothing so incites foreigners' envy as what has been dubbed the French Paradox: the tendency of the French to eat lots of cheese, drink lots of wine and still stay relatively slim.

How do they do it? Dr. Robert Martindale has a thought or two on the subject.

"In France, eating is social—a time-consuming event," he said. "The whole evening is centered around the meal."

He's noticed the same approach to mealtime in other European countries.

"In Italy, people sit for hours during a meal."

But shouldn't such Epicurean exuberance promote obesity? Actually...no.

For one thing, although Europeans linger over meals, their portions are typically much smaller than Americans,' says MCG registered dietitian Gail Cresci. They simply savor every bite. Compare this phenomenon, Ms. Cresci said, to the increasingly popular American alternative of wolfing down a high-fat burger and fries while speeding off from the drive-thru window of a fast-food restaurant. "Everybody's in a hurry," Dr. Martindale said. "Most obesity problems are problems of society, not genes."

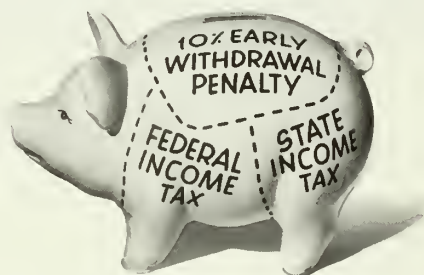
Ms. Cresci agrees. "Americans don't sit down to meals like they used to," she said. "This country almost promotes obesity with all the fast-food chains."

And the servings in these restaurants are notoriously huge. Fast-food restaurants often promote jumbo-sized portions at bargain prices—a surefire prescription for overeating, Ms. Cresci noted.

Another problem: Reliance on fast food robs people of sensory pleasures of food that have nothing to do with consuming calories. Compare the experience of kneading dough, watching it rise and smelling it bake to grabbing a slice of bread from a plastic bag.

Dietitians have no illusions that Americans will resume the practice of baking bread daily or laboring over a stove from dawn to dusk, but they challenge people to think about the long-term ramifications of their fast-food fixes. "The key," said Ms. Cresci, "is to plan meals, cook low-fat and eat small portions. Most people don't have to stay away from any particular food. Just remember: everything in moderation."

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Beneath his crisp white shirt, gray slacks and conservative red-and-black tie, Dr. Davidson L. Freeman has a Caribbean soul.

The 1983 alumnus of the Medical College of Georgia School of Medicine and President-Elect of the Georgia chapter of the American Academy of Pediatrics readily admits to being a Parrothead—a diehard fan of singer Jimmy Buffett, who touts the pleasures of seaside life from the Gulf Coast to Antigua. The yellow, red and blue parrot-shaped coffee mug sitting on the corner of the desk in his otherwise traditional office gives it away.

“My wife and I have gone to almost every Jimmy Buffett concert in Atlanta,” said Dr. Freeman during a lunchtime lull in the busy pediatrics practice he shares with eight physicians in Augusta. “My sons know nearly every Jimmy Buffett song. One’s taking guitar lessons and the other drums and they always want to learn to play one of his songs.”

Dr. Freeman became a Jimmy Buffett fan while attending the University of

A Voice for Georgia's Children

By Susan Yarborough

Georgia, where he approached his studies with the laid-back attitude expressed in Buffett’s songs. By the time he discovered his bent for medicine during a summer job with the hematology laboratory at Augusta’s University Hospital, he was well on his way to a bachelor’s degree in history, a subject he still enjoys. College

diploma in hand, he set about getting the prerequisites for medical school.

“MCG was really my first and only choice for medical school,” Dr. Freeman said. “I grew up in Augusta and like it here.”

He intended to become an orthopedic surgeon like his father and even applied for orthopedic surgery residencies at other schools. But as he approached his second graduation, he had to make another course correction. His heart, he found, was in pediatrics.

It was an exciting time to do a pediatrics residency at MCG, Dr. Freeman said. The program was growing rapidly in size and reputation, especially after Dr. Albert W. Pruitt, MCG Chairman of Pediatrics from 1982-1992, joined MCG’s faculty Dr. Freeman’s senior year.

“Dr. Pruitt was a great influence on my pediatrics education,” Dr. Freeman said. “He was respected by the MCG faculty, residents and students as a great teacher and humanitarian. He influenced a lot of us to stay and build the program.”

During Dr. Freeman's residency, pediatrics added sections in pediatric critical care, pediatric pulmonology and allergy and immunology. The section of neonatology grew and in 1985 MCG became one of the first hospitals in the Southeast to use extracorporeal membrane oxygenation, in which oxygen-poor blood is removed from the body and pumped through a heart-lung bypass machine where it is oxygenated and returned to the body.

Dr. Pruitt was one of the first to suggest that MCG needed a dedicated children's hospital.

"I mention occasionally—much to the chagrin of residents doing rotations in our office—that I don't know that I have ever been as happy as when I was a resident," Dr. Freeman said. "It was a wonderful time to learn and develop close friendships. I look back on it as a simpler time than now, with managed care having come to private practice and so many demands politically and otherwise in pediatrics."

It was managed care that spurred Dr. Freeman, a father of three, to join the

political fray and move from Secretary-Treasurer to First Vice President to President-Elect of the Georgia chapter of the American Academy of Pediatrics. "I had always thought of myself as an apolitical man although I always voted..." he said. "[Then] I realized that as managed care changes, organizations like the Academy of Pediatrics and its local chapters will have more influence on [its direction]."

When he takes office in July as the Georgia chapter's first President from outside the Atlanta area in several years, Dr. Freeman will have to balance the demands of his Augusta practice with his chapter duties, centered 150 miles away in Atlanta. He'll rely on his partners and the understanding of his patients' parents. "The chapter is fortunate to have an excellent Executive Director, Rick Ward, and between the telephone and computers, we should be able to get most of it done. I'll probably have to spend a couple of days a month in Atlanta...but what I'll be doing will influence my patients and their children and how their children

are cared for, so I think the trade-offs there will work out."

Dr. Freeman looks forward to participating in discussions about new standards of care for children.

"The most pressing issue in pediatrics is access to care for all children," he said. "There are so many children who don't have a medical 'home,' a place they can go for all their checkups, sick visits, school certifications and so on. In the rural regions of [Georgia], lack of availability of physicians and facilities is the largest barrier. Finances are another big one. Insurance is expensive...and Medicaid covers only certain children for parts of their lives."

Although the situation is serious, Dr. Freeman is optimistic about the near future.

"The federal budget act of August 1997 designated funds for each state to expand health care coverage based on how many uninsured children there are," he said. "Most states are probably going to expand Medicaid and take some of the funds to offer low-cost insurance to children of families who



otherwise don't qualify for Medicaid."

He also is concerned that children with chronic health problems have the resources to enjoy better health and participate in life as fully as possible. "Whatever we do with the money the federal government gives us, we have to make sure that some of it is set aside for those kids," he said.

He hopes to see the chapter's leadership alternate between Atlanta and other parts of Georgia. "Atlanta is so different and the state of Georgia is so diverse that what concerns me and others in Augusta may not concern pediatricians in Vidalia or Albany or elsewhere," he said. "Having a mix of academic and private pediatricians also is a good idea, because there are different issues among those."

The issues between private and academic physicians has particular resonance for Dr. Freeman as MCG and Augusta prepare for the opening of the new Children's Medical Center (left) in September. Dr. Freeman and his partners have been regularly involved with MCG, sending their patients for tertiary care and having MCG pediatric residents rotate through their offices. He appreciates what the CMC offers to the community and the need for MCG to have primary-care patients to fulfill its academic mission.

"The Children's Medical Center will be the ideal place to care for children," he said. "We need to make sure that everybody who wants to be seen there can be seen there. That isn't just a hospital administrative/physician problem, but also an insurance company problem. A lot of things we used to treat in the hospital, we now treat as outpatient care. Certain managed care plans bind certain physicians to certain hospitals, but, in my opinion, it would certainly be nice for children who need access to a children's hospital or whose physicians might want to admit them there could."

Dr. Freeman serves on the CMC Interim Executive Council, which is setting up the credentialing process for private physicians to admit patients to the CMC. He also serves on the Steering Committee for a new section of community pediatrics made up of

private physicians and MCG primary-care pediatricians, which will address the needs of community pediatricians at the CMC and help arrange primary care training for MCG students and residents in the community.

Dr. William P. Kanto, MCG Chairman of Pediatrics and CMC Medical Director, has known Dr. Freeman since his residency and greatly values his contribution to working out the details of the interaction between the new CMC

and private pediatricians.

"Dr. Freeman is an outstanding pediatrician, a leader in this community and the state," Dr. Kanto said. "His primary objective is the welfare of children and families. He has an excellent grasp of MCG's academic mission and the needs of private practitioners. We are fortunate to have the benefit of his expertise in working with community physicians to develop the CMC's services so they are easy to use and fit in with their practices."

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B A L A N C I N G A C T

By Christine Hurley Deriso

Editor's Note: The Medical College of Georgia Vascular Biology Center will host the fall meeting of the American Physiological Society Sept. 16-19. The topic, Endothelial Regulation of Vascular Tone: Molecular to Integrative Physiology, will feature presentations by top researchers in cardiovascular disease and hypertension. Balancing Act and Too Much of a Good Thing are examples of research in the MCG Vascular Biology Center.

One of the body's most delicate balancing acts is the subject of research at the Medical College of Georgia that may open new doors to treating heart disease and high blood pressure.

Dr. Richard Venema, a biochemist in the MCG Vascular Biology Center, is studying the role of nitric oxide in blood vessels. "It may be the most important regulator of blood pressure," he said. Nitric oxide, an atmospheric gas that in 1987 was discovered to be a vital molecule in the body, relaxes blood vessels. Too much nitric oxide seems to

cause low blood pressure, which in extreme cases can cause conditions such as shock. Too little nitric oxide results in insufficient blood vessel relaxation, apparently causing high blood pressure. High blood pressure can result in atherosclerosis and heart disease; thus, nitroglycerin, which releases nitric oxide, helps stave off heart attacks. (Doctors have used nitroglycerin for this purpose for decades, but they didn't know why it worked until nitric oxide's role in physiology was discovered in the 1980s.)

Dr. Venema has found that in healthy individuals, two proteins work together to ensure the optimal level of nitric oxide. Calmodulin turns on the activity of the enzyme that creates nitric oxide; Caveolin-1 turns it off. "It provides for very tight regulation," Dr. Venema said.

He is studying the proteins to determine why the balancing act sometimes fails. Unhealthy lifestyle habits, such as a high-fat diet and lack of exercise, often account for high blood pressure, but some people seem genetically geared for the problem. In these cases, Dr. Venema

suspects a molecular defect might cause insufficient production of nitric oxide.

"That knowledge obviously has potential relevance for developing drugs to change the activity of the enzyme that produces nitric oxide," he said.

The most obvious beneficiaries of such drugs would be those with atherosclerosis or heart disease, two of the biggest killers in the United States. But nitric oxide is proving to play a crucial role in many diseases. For instance, nitric oxide is vital in battling infection, and the body produces it in excess when faced with invading organisms. But the protective quality of that role can backfire; the nitric oxide can become so excessive that blood vessels can relax to the point of inactivity, resulting in dangerously low blood pressure. Slowing that excess production in such cases might increase the blood pressure.

"I would think drugs [to alter the level of nitric oxide in blood vessels] are not more than a few years down the road," Dr. Venema said. "But the important thing now is to develop a knowledge base."

Cellular communication that results in the uncontrolled proliferation of blood vessels is the focus of study at the Medical College of Georgia.

Researchers want to understand why the body's normal mechanism for healing damaged or diseased blood vessels goes awry in some people, producing a destructive surplus of blood vessels, said Dr. Ruth B. Caldwell, cell biologist in MCG's Vascular Biology Center. Such growth can destroy the sight of diabetics and premature babies and help malignant tumors thrive.

Vascular endothelial growth factor triggers the proliferation of endothelial cells, the key component of blood vessels. Unlike skin cells, which are produced constantly, endothelial cells live for years but must be replaced when they die or become diseased or damaged.

As an example, the body attempts to repair these cells when diabetes diminishes blood flow to delicate eye tissue; tissue becomes malnourished and sends out growth factor to attract new blood vessels, Dr. Caldwell said. "But something goes wrong with the environ-

TOO MUCH of a Good Thing

By Toni Baker

ment. The normal stop signal doesn't take effect. It's just a continuous request for new blood vessels." So the natural effort to save tissue instead leads to excessive bleeding and vision destruction. The most malignant tumors are those that overproduce growth factor, prompting blood vessels to sustain tumor growth.

A precursor to uncontrolled growth is the leakage of blood vessels in the area, which researchers believe may be an important piece of the communication puzzle. "We are looking at how the growth factor signals the endothelial cell to tell it to become leaky. If we know how the growth factor signals leakage, then we should be able to design drug therapies to control or prevent destructive blood vessel proliferation and possi-

bly enhance wound-healing," she said.

The researchers have found that the receptor for the growth factor is present in a subcellular compartment that also contains the enzyme that makes nitric oxide, a powerful vasodilator. Researchers know nitric oxide helps growth factor communicate the need for more blood vessels. "We know that nitric oxide is

necessary for signaling, but we are trying to find out where it is happening in the cell and exactly what it's doing," Dr. Caldwell said.

They have found that when this compartment is stimulated by growth factor, it begins traveling across the endothelial cell, taking fluid along for the ride. It dumps the fluid on the other side of the blood vessel where it doesn't belong, which results in localized leakage and swelling. As it travels, the compartment delivers its contents to the cell nucleus where it may activate transcription factors that cause cell division, Dr. Caldwell said. "Movement of the compartment through the cell and to the nucleus may be the link between permeability and cell proliferation that we are looking for," she said.



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Alumni News



Distinguished Alumni Named

Christine Hurley Deriso

Four of the Medical College of Georgia's alumni associations presented alumni awards during the university's Homecoming celebration April 30-May 3.

The School of Allied Health Sciences Alumni Association presented its Distinguished Alumnus Award to Cynthia T. Hughes, a dental hygienist in Thomson, Ga. Ms. Hughes earned her associate degree in dental hygiene from MCG in 1977 and her bachelor of science degree in 1997. She is a member of the American Dental Hygienists' Association and the Georgia Academy of Advanced Dental Hygiene Studies. She was named the 1996 Central Savannah River Area Dental Hygienist of the Year.

The School of Graduate Studies Alumni Association presented its Distinguished Alumnus Award to Dr.

Manasses C. Fonteles. Dr. Fonteles, who earned a Ph.D. in pharmacology in 1974, is President of the Ceara State University in Brazil. Before being named President, his positions at the university included Chairman of Pharmacology and Physiology, Vice Dean of the Medical School and Director of Graduate Studies. He was head of the Federal University of Ceara's Clinical Research Unit from 1988 to 1991 and from 1993 to 1996. He received the International Medical Scholars Program's top award in 1992 and is a member of the American Association for the Advancement of Science.

The Alumni Association of the School of Medicine presented its Professional Achievement Award to Dr. Carl R. Hartrampf, its Award for Loyalty to Dr. Virgle McEver Jr. and its Posthumous Award to Dr. William Seaborn Boyd.

Dr. Hartrampf, a 1956 graduate of the Medical College of Georgia School of Medicine, completed a surgery residency at the

MCG President Francis J. Tedesco (third from right) with 1998 Distinguished Alumni Kimberly H. Littrell (from left), Dr. June Hansen Larrabee, Dr. Carl R. Hartrampf, Dr. Virgle McEver Jr. and Cynthia T. Hughes. Not shown: Dr. Manasses C. Fonteles. More Homecoming photos, pages 36-41.

University of North Carolina, then trained further in hand surgery and plastic surgery. He practices in Atlanta, specializing in hand and reconstructive surgery. In 1980, Dr. Hartrampf developed the TRAM flap, transferring tissue from the lower abdomen to the breast to reconstruct a breast lost to cancer. He won the 1996 American Cancer Society Distinguished Service Award in honor of the TRAM flap.

Dr. McEver graduated from MCG in 1953, then established a family practice and general surgery clinic in Warner Robins, Ga., with an MCG classmate, the now-deceased Dr. William G.

Talbert Jr. He co-founded the Warner Robins Clinic and Hospital in 1954 and was a founder of Houston Medical Center. He is a past President and founding member of Peachbelt Medical Society and past Vice President of the Medical Association of Georgia, the Southern Medical Association and the American Medical Association. He is a past President of the MCG Foundation.

Dr. Boyd earned his medical degree in 1942. He served as a colonel in the U.S. Public Health Service during World War II and helped found the Centers for Disease Control and Prevention in Atlanta. He began a practice in Augusta in 1947 and was an Associate Clinical Professor at MCG. His positions at Augusta's St. Joseph Hospital included Chief of Obstetrics-Gyniatrics, Chief of Staff and Medical Director. He received a Distinguished Service Award from the Georgia Medical Association in 1992. Dr. Bond established and sponsored the Augusta Symphony's William Boyd Piano Competition. He died in 1997 at age 89.

The School of Nursing Alumni Association presented its Phoebe Kandel Rohrer Award, named in honor of a former Dean, to Dr. June Hansen Larrabee, and its E. Louise Grant Award, also honoring a former Dean, to Kimberly H. Littrell.

Dr. Larrabee, who earned her bachelor's degree in nursing from MCG in 1968, earned a Ph.D. in nursing from the University of Tennessee's Memphis College of Nursing. She is a research scientist for the Center for Nursing Research at the Camcare Health Education and Research Institute in

Charleston, W.Va. She is a member of the American Nurses Association, Sigma Theta Tau International and the Southern Nursing Research Society.

Ms. Littrell earned her bachelor's degree in nursing from MCG in 1980 and her master's degree as a psychiatric clinical nurse specialist from Georgia State University in 1983. She is President and Chief Executive Officer of The Promedica Research Center Inc., which offers support to schizophrenic patients and their care-givers. She received the 1994 Georgia Alliance for the Mentally Ill Professional of the Year Award, the 1995 American Psychiatric Nurses Association Excellence in Clinical Practice Award and the 1996 Excellence in Research Award from the Atlanta Advanced Practice Nursing Group.



Dr. Tedesco Named to Scholarship Board

Toni Baker

Dr. Francis J. Tedesco, President of the Medical College of

Georgia, has been elected to the scholarship board of the Ty Cobb Educational Foundation.

The board regulates the annual distribution of scholarships to undergraduate students beyond their freshman year and to students pursuing degrees in medicine and dentistry. The late Baseball Hall of Famer Ty Cobb, a native of Royston, Ga., established the program in 1953 and served as a board member until his death in 1961.

To qualify, students must be Georgia residents, demonstrate financial need and complete 45 quarter hours or 30 semester hours of academic work with a "B" average or higher. Medicine and dentistry students also must be Georgia residents and demonstrate financial need. The board has granted students more than \$5.6 million in scholarships.

Upcoming Continuing Education Courses

Editor's note: The following continuing education courses are sponsored by the Medical College of Georgia. Courses sponsored by the Schools of Dentistry and Medicine are listed separately in the schools' sections of *AlumNews*.

July 29-Aug. 2 *Teaching Skills for Health Professions Educators*, Sea Palms Resort, St. Simons Island, Ga.

Oct. 7-9 *Multiple Trauma*, Radisson Riverfront Hotel, Augusta, Ga.

Oct. 28-30

20th Annual Orthopaedic Nursing, Hyatt Regency, Savannah, Ga.

Nov. 9-10

Caring for Children, Radisson Riverfront Hotel, Augusta, Ga.

Class Notes

School of Allied Health Sciences

Jan Stapleton Simmons (P.A., '76), Cairo, Ga., works in family practice for Capital Health Plan in Tallahassee, Fla., and was named Florida's 1997 P.A. of the Year. She was named Georgia's 1991 P.A. of the Year. She is on the Board of Medicine's P.A. Council and lobbies to the Florida legislature. She and her husband, the Rev. Douglas Simmons, are the parents of Ansley, 15; Jana, 5; and Alea, 2.

School of Graduate Studies

Dr. Susan J. Simmons (Ph.D. in nursing, '90), Jacksonville, N.C., is a clinical research fellow at Duke University and the National Institute of Environmental Health Sciences. Her areas of focus include the epidemiology of chronic illness in midlife women and development of an integrated women's primary health care model. She has served as senior policy analyst in the Public Health Service's Office on Women's Health and as an independent consultant for women's health and prevention issues.

School of Medicine

Dr. Wilder Smith ('46), Swainsboro, Ga., has retired after 51 years of general practice. He is 83 years old and will devote his remaining years to his medical museum and fishing.

Dr. Frank M. Johnston ('59) has retired from practice in Florida and has moved back home to Savannah, Ga., to fish, grow orchids and travel. His grandson

has been accepted for the MCG School of Medicine Class of 2002 and will begin this fall.

Dr. Isaac Goodrich ('64), Woodbridge, Conn., has been elected President of the New England Neurosurgical Society (representing Maine, New Hampshire, Vermont, Massachusetts, Rhode Island and Connecticut) for 1997-99. He has been elected President of the New Haven County Medical Association for 1998-99.

Dr. Jarrette Allen Beck Jr. ('69), Crested Butte, Colo., had a one-act play ("The Man in the Chair") produced in Colorado, Australia, Oregon and Quebec.

Dr. Alan Langford ('73), Athens, Ga., is Chief Health Professions Advisor (pre-medicine, pre-dentistry and pre-optometry) and a faculty member in the University of Georgia College of Arts and Sciences in microbiology (medical mycology) and skin disease/infectious diseases and therapy in the College of Pharmacy. He completed a dermatology residency at MCG in 1979 and served on MCG's clinical faculty until 1989. He had a private dermatology practice for 17 years until August 1996.

Dr. Christopher Cates ('82) discussed the carotid artery stent procedure during the biennial meeting of the International Andreas Gruntzig Society Jan. 19 in Punta del Este, Uruguay. Dr. Cates, an Atlanta cardiologist, is one of four doctors in Georgia with honorary membership in the Gruntzig Society. The late Dr. Andreas Gruntzig invented the coronary angioplasty procedure, the forerunner of the carotid stent procedure. Dr. Cates was the first doctor in Georgia to head a team of physicians in a carotid artery stent procedure; since then, he has led teams in performing 75 such operations. Dr. Cates also conducts a weekly heart clinic in Hiawassee, Ga., where he owns and operates Brasstown Manor, a retirement community.

Dr. F. Stuart Sanders ('82), Clarkesville, Ga., was recently

elected to a two-year term as Vice President of the American Association of Cardiovascular and Pulmonary Rehabilitation and served as a physician for the 1998 Winter Olympic Games in Nagano, Japan.

Dr. A. Kenneth Fuller ('83), Thomasville, Ga., is Chief of Psychiatry at Southwestern State Hospital in Thomasville and has a private practice. He recently published a book, *Unacceptable Risk: Child Sexual Abuse and AIDS* (Thomas College Press).

Dr. Rodney M. Dourron ('91), Alpharetta, Ga., is an obstetrician/gynecologist with Peach State Women's Specialists in Atlanta and recently was elected into the Society of Reconstructive Pelvic Surgeons, the Society of Laparoendoscopic Surgeons and the American Association of Gynecologic Laparoscopists. He and Allison MacDonald, C.R.N.A., from Rye Brook, N.Y., plan to wed in September.

Dr. Brant E. Mayher ('95), Bartlett, Tenn., is a third-year urology resident at the University of Tennessee, Memphis. He and wife Holli celebrated the birth of a son, William Richmond Mayher, Jan. 16.

Dr. Jonathan P. Wright ('96), Winston-Salem, N.C., is a second-year general surgery resident at Wake Forest University's Baptist Medical Center. He and wife Stephanie proudly announce the birth of their son, Bennett Andrew, Dec. 19, 1997.

Obituaries

Dr. Mark Wiltshire ('86) died Dec. 8. He was 37.

School of Nursing

Navy Lt. Cmdr. Lisa A. Anderson (B.S.N., '84) recently was promoted to her present rank while serving with Naval Reserve Naval Hospital Jacksonville, Detachment 408, Navy and Marine Corps Reserve Center, Marietta, Ga. She joined the Navy in September 1990.

Dennis Butler (B.S.N., '76), Birmingham, Ala., is a nurse prac-

itioner in the University of Alabama-Birmingham University Hospital Comprehensive Stroke

Center. He and wife Kimberly have two children: Ashley, 10, and Olivia, 2.

Deadline for submitting information for publication in the fall issue of AlumNews is July 15, 1998.

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

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Please send to: Christine Hurley Deriso; Alumni Center, 1050; Medical College of Georgia; Augusta, GA 30912; or fax to (706) 721-6723.

Allied Health Retiree Reflects on 30-Year Career

Christine Hurley Deriso

Jessie Brown remembers when the mouth was the no-man's land of health care.

Oral hygiene just wasn't considered a particularly important aspect of overall health. Indeed, until a generation ago, most dental hygienists had no formal training at all—just a crash course in the dentist's office once they were hired.

Ms. Brown, who retired Nov. 30 as an Associate Professor in the School of Allied Health Sciences Department of Associated Dental Sciences, is thrilled that all that has changed. And during her 30-year career at MCG, she helped change it.

"The whole realm of oral health has changed," she said. "We now recognize it as a part of total health. What goes on in the mouth affects the rest of the body; what goes on in the rest of the body affects the mouth."

For instance, even someone with impeccable oral hygiene might have mouth problems if, for instance, he has a heart condition that stimulates bacterial growth, or takes chemotherapeutic drugs that kill healthy cells in the mouth.

"Oral hygiene is a whole new ballgame," Ms. Brown said.

She applauds MCG's pre-science in realizing the importance of the field. "MCG had the first formal education program in dental hygiene," she said, noting that she joined the staff a year after the department was formed in 1967. "When I got here, there were 10 students, the Chairman and me. The dental school was in the planning stages, so we actually had hygiene students before we had dental students. Was it strange? We didn't know any different."

MCG didn't exactly offer deluxe accommodations to the department. Classes began in the Richmond County Health Department, then moved to a room in the MCG Student Center. Several more moves took place before the department finally settled in the School of Dentistry. The department initially lacked dental chairs to help students practice their techniques, so head mannequins were clamped on a door.

Things have changed significantly since then. Today, the school has five full-time faculty members in addition to the Chairman and averages 28 students per class. (Despite the field's reputation as being a province of women, MCG averages about two men per class.) Students have access to state-of-the-art resources in the dental school and train with dental students weekly. "It's fun to see graduates come back and just marvel at how the campus has changed," Ms. Brown said.

But the biggest changes have come within the field itself. "Hygienists used to clean just the tooth surface; now they clean roots," she said. "It's a full-time job keeping current on

changes in the field."

Good hygienists must have excellent manual dexterity and people skills, Ms. Brown said, and MCG works hard to refine both. "Your skills can be excellent, but if your people skills aren't good, people aren't drawn to you—and vice versa," she said. "On the other hand, occasionally we get almost introverted students. But that's OK. You can be quiet and still have people skills. Some people find that very calming."

Ms. Brown also counsels patience. "There is a real art in sliding instruments beneath the gum," said Ms. Brown, who kept her clinical skills current by cleaning the teeth of dental faculty. "It requires a lot of concentration. We teach students how to insert instruments beneath the gum without discomfort."

Students also learn to help patients overcome dental phobia. "Like every other phobia, it's the fear of the unknown or because of a bad past experience," Ms. Brown said. "Just being in a dental chair is enough to make some people anxious."

She reveled in helping students become proficient in the field. "I've been very, very fortunate in my career," she said. "Teaching, for me, I don't see as giving. I've gotten all the rewards. It think it's important to leave when you can still give."

So she's moved on, but she stays quite busy in retirement. She wants to add an oral health component to her church's "health cabinet"—a resource for medically underserved members of the community. She also wants to provide dental hygiene for the homebound and educate the community about the field.

And she's finding time to have fun. Her husband photographs wildlife, and the couple has traveled throughout the country and beyond in pursuit of his hobby.

P.T. Student Finds Calling in Health Care

Susan Yarborough

Although Medical College of Georgia physical therapy student Randa Afifi worked for her father's surgery practice part time during high school, she somehow managed to get through college without considering health care as a possible career.

"I've always been very proud of my father, of his dedication to his practice and of his special gift for working with people, but it didn't occur to me then," said the Johnson City, Tenn., native.

However, like many physical therapists, Randa was a natural athlete. Starting in elementary school she enjoyed ballet, acrobatics, jazz dance, snow-skiing, swimming and the occasional game of tennis. Her love of movement eventually translated into a calling that combined her joy and pride in fitness with a desire to help others. But first she took a long, useful detour through a different career.

When Randa started college, she knew she wanted to work with people and her fascination with communications and advertising made her think business was the place

for her. After graduating from the University of Tennessee with a bachelor's degree in marketing in 1986, she headed for Atlanta, where she started as an administrative assistant in the advertising department of a residential real estate firm. Within five years, she had worked up to Director of Advertising. Although she still liked the work, she decided to try another angle and went into advertising sales, a new, very lucrative challenge. However, two years later, she had changed jobs to work as account executive for an advertising agency. Another year later, she admitted to herself that things were not working.

"[Advertising] was fast-paced, challenging and fun, but there was something lacking," she said. "It wasn't as satisfying as I imagined. I came to feel it wasn't what I was called to do."

Along with much soul-searching and prayer—some done on long walks in her Atlanta neighborhood—Randa took a methodical approach to finding a calling. Feeling drawn to both health care and education, she took some career tests that confirmed an aptitude for health care. She spent hours talking to professionals in various fields, including physical therapy. "My introduction to physical therapy came through a best friend from college who went on to graduate school to become a P.T. As she kept me informed of her progress during school and throughout her career, I became increasingly interested in the field."

She thought physical therapy might be for her, too, but there was another test to



take—volunteer work, required for entry to most physical therapy programs.

Her first day in the acute-care orthopedics section of an Atlanta hospital did the trick.

"Almost from the first moment, I felt it was right, that it fit me. From that point, it was clearly a leap of faith," she said.

And what a leap. Before she could apply, she had to go back to school to take the science prerequisites and she needed more volunteer work. She left her career in advertising behind and was fortunate to find part-time work giving her more experience in the health care environment. The first was a sales position with an orthopedic equipment company serving patients with total joint replacements; the next was a pharmaceutical sales position.

Many people would balk at giving up a good income to live on a part-time salary and study most of the day, but Randa took heart from her parents and sisters who supported her decision and have followed her progress with

Randa Afifi

delight. "I'm so thankful to them. They've been there with me and for me. I've been truly blessed."

Accepted to two physical therapy programs on her first application (no mean feat), Randa chose MCG because it offered a master's degree and "I felt that a health sciences university environment would offer more opportunities and personally would be more conducive to studying."

Randa expected to work hard, but nothing prepared her for the triple whammy of plunging simultaneously into a master's program, problem-based learning and distance education.

The program's emphasis on group work "was kind of an adjustment. I was a much more independent worker." But she's learned to depend on her fellow students. "There's so much to know about evaluation and treatment. The times I don't study with them, I feel less prepared."

Getting comfortable with

distance education also took some effort. MCG has a satellite physical therapy class at Albany State University and most classes are conducted on-line. Years of meeting and greeting people in advertising did not prepare Randa for the moment she had to pick up the microphone and ask a question. "You have to lose all your modesty because you are always on camera," she said. "It was intimidating at first. There are lots of TV monitors in the classroom and we can see ourselves on half the monitors being broadcast across the state to Albany."

Randa expressed gratitude for the support staff who keep the technical side of distance education running smoothly. And she praised her instructors for their fortitude in tackling a new program and a new approach to education while maintaining their concern for the students. "I really feel our teachers help us get to where we need to be. I felt very prepared for my first clinical affiliation," she said.

Today Randa sees her interests in health care and teaching converging in physical therapy. "P.T. really involves a lot of teaching," she said. She also sees how her days in business gave her skills she'll need in physical therapy—goal-setting, communicating and building relationships.

She's still exhilarated from that first clinical affiliation, which demonstrated again that she's really doing what she's called to do. "The total contact with patients confirmed my feeling that I can offer guidance in rehabilitation. I can make a difference in someone's life."

However, Randa also is looking forward to the time

when she doesn't have to study every night and can have a few luxuries, like a place of her own and a washer and dryer. She grew up with "a ton of dogs" and has really missed having a pet. Getting a dog is at the top of her to-do list following graduation in December.

So is traveling. Randa's father was born and raised in Cairo. In 1993 she went with him to visit relatives he hadn't seen in 40 years. Touched by her Egyptian relatives' warm hospitality and fascinated by a country "as old as forever" where you can encounter a herd of camels in the middle of rush-hour traffic, she plans a second visit.

Until then, it's hit the books. But that's OK. "It's hard to believe how fast it's going," she said.

Integrity Stressed to O.T.s

Christine Hurley Deriso

What would you do?
Scenario One:

You're an occupational therapist treating a patient hospitalized for severe depression who continually confides her suicidal thoughts. A physician approves the patient's participation on a field trip to a baseball game, but as her occupational therapist, you're concerned for her well-being outside the hospital. You share your concerns with the physician, but he overrules your advice that she sit out the field trip.

Scenario Two: You're an occupational therapist with an elderly patient who objects to



Occupational therapy career opportunities showcased during Great Southern Occupational Therapy Conference

the belt restraints used during his therapy. You think the restraints are necessary for his safety; he disagrees.

Scenario Three: You're an occupational therapist overseeing a student's rotation. The student is assigned to treat an HIV-positive patient. The student tells you she's pregnant and wants to be reassigned.

Scenario Four: You're an occupational therapist with a colleague you know to be racist. You're concerned he might be giving inadequate



treatment to his minority patients.

These were among the hypothetical situations a group of occupational therapists was asked to ponder during a workshop at the Great Southern Occupational

Therapy Conference Oct. 23-25 in Augusta.

Several Medical College of Georgia faculty members lectured and participated in workshops during the conference. The conference covered various aspects of occupational therapy, including the ethics workshop challenging professionals to think through complicated issues they might encounter on the job. Dr. Nancy Prendergast, an occupational therapist and Associate Dean of the MCG School of Allied Health Sciences, was a panelist for the workshop.

The panelists noted that ethical issues often come in shades of gray and defy easy answers. They prompted the audience to discuss the hypothetical situations and consider the problems from all angles before making a decision.

For instance, the scenario about the pregnant occupational therapy student objecting to treating an HIV-positive patient prompted audience members to observe, among other things, that health professionals are obliged to care for anyone in need and should understand that universal precautions will almost certainly protect against infection. "If she uses universal precautions, there's no reason for her to be assigned to another patient," one audience member said.

Another countered that the HIV-positive patient's care might suffer if the student treats him against her will.

The panelists challenged the audience to anticipate potential conflicts, particularly in an environment that gives third-party providers a weightier vote than ever in patient-care decisions. Integrity, they

said, should be an occupational therapist's guiding principle. They also stressed the importance of following procedures carefully.

Panelists also gave tips on providing expert testimony under oath—for instance, during a malpractice trial. Answers from a witness stand should be honest, well thought out, devoid of opinion and as concise as possible, the panel advised.

Sheila Bowls Them Over

Sally Simkins

"If I ever bowled a perfect game, I'd have to try to do it again to show it wasn't an accident," said Sheila Tinsley who, along with her husband and their daughter, is bowling her way across the United States.

Sheila, Supervisory Technologist in the MCG Blood Bank and an MCG medical technology alumnus, has bowled with her husband in national amateur tournaments since 1988. "We use it as our vacation," she said. "We have friends from across the country whom we meet for the nationals every year. Our goal is to hit all 50 states and we've gotten to 32 of them so far."

The closest she's ever gotten to the perfect 300 score is 268, she said, adding that her average score last year was 184.

The score really isn't what keeps her in the game. "It's a hobby," she said. "I've been bowling since I was a kid

when I'd bowl with my father." Through bowling, she met the man who would become her husband. Now, it's a bowling family, with their 7-year-old in on the game, too.

With the three of them in tournaments, the Tinsley family calendar stays full. "We [went to] Iowa in May, Nevada in June and will go to Williamsburg, Va., in November," said Sheila, who has been on the staff of the Blood Bank since 1985. "We usually have a year to plan so we don't overlap tournaments."

In addition to tournaments, Sheila coaches children's bowling on Saturday mornings. "If they can pick up a ball and throw it, we can work with them," she said.

Sheila normally hits the lanes once a week. "If I started doing it every day it would be a job," she said. "That would take away the fun."

Periodontics Course Offered Via Distance Learning

Christine Hurley Deriso

The Medical College of Georgia has begun teaching its periodontics course for dental hygiene students to students throughout the state, courtesy of distance learning.

MCG dental hygiene students are required to study the theory and philosophy of periodontics, the branch of dentistry concerned with dis-

eases of the bone and tissue supporting the teeth. The course features lectures from dentists at Fort Gordon, Ga., a nearby Army base, who are training to become specialists in periodontics.

This spring, MCG began offering the course to dental hygiene students at Darton College in Albany, Ga., and Lanier Technical-Gainesville College in Gainesville, Ga. The students sit in specially equipped classrooms on their home campuses to observe the lectures, broadcast electronically via distance-learning technology from MCG. The interactive technology, a part of the Georgia Statewide Academic and Medical System, enables interactive communication, so long-distance students can participate in the class as if they were in the same room with the lecturers and MCG students.

"The idea is to get the most out of a single presentation," said Dr. Michael Billman, an MCG periodontist and Director of the course. "This gives us a chance to maximize the talents of the presenters."

The students receive credit for the course which is applied to the degree they will earn from the college they attend.

The students have reacted very favorably to the technology, said Gail Winkley, Chairman of MCG's Department of Dental Hygiene. "This is a great service opportunity for MCG to reach out to more rural areas of the state—colleges that don't have the advantage of having periodontists on the staff," said Ms. Winkley, who hopes to apply the distance-learning technology to other areas of her program.

Mission Trip to Ecuador Leaves Lasting Impression

Christine Hurley Deriso

The Medical College of Georgia School of Dentistry offers extensive hands-on training for its students, but it generally doesn't take place in a rain forest.

Joe Peluso, who graduated in June from the MCG School of Dentistry, has always wanted to bring his dental skills to the people who need them most. In May 1997, he got that chance amid the lush jungles and mountainous grandeur of Ecuador.

Joe, a member of Augusta's Warren Baptist Church, signed on for a church-sponsored mission trip to the South American country. The group included a physician, nurse practitioner and about 25 other volunteers. Joe came along to offer dental care to the largely rural, impoverished population. The group spent about 10 days offering basic health care in open-air churches around Quito, Ecuador. For Joe, who had never ventured beyond the United States before, it was the trip of a lifetime.

"I think the opportunity was God-given," he said. "The dental school was very good about letting me take the time off and I just saw things falling into place. I came back really humbled about the lifestyle we have



Joe Peluso during Ecuador mission trip

here. People there wake up every day wondering how they're going to eat."

Despite their poverty, Joe was impressed by the residents' graciousness and generosity. The mission group brought all of its own supplies and offered services for free, but Joe noted that most of their patients insisted on paying a token fee to avoid getting something for nothing. "Most of them would not allow themselves to be treated unless they could pay for it," he said. The mission group donated all the money back to the community.

Most of the patients had received scant dental care, so Joe had his work cut out for him. "I was surprised that the children eat a lot of candy," he said. "We saw lots of children with rotting teeth." Adults, too, had significant decay and gum inflammation. Joe, who had precious few resources to work with, spent lots of time pulling teeth and hoping for the best.

"We really didn't have the facilities for much restorative work," he said. "But it was



neat using our creative panache to say, 'OK, here's what we have to work with. Here's what we can do.'"

The group worked about seven hours a day. The first day, patients trickled in slowly, but word of the services spread quickly, and by day two, masses of people were showing up.

Translators were on hand, but rapport came easily despite language differences. "The people we treated were very appreciative," Joe said. "They consider it the pinnacle to have Americans providing care."

Joe also enjoyed getting to know the few resident dentists in the area. They lack even basic dental equipment and technology, but Joe

found he still had lots to learn from them. "It was a wonderful opportunity to share professionally," he said. "It really enhanced my education; I've learned so much that I can incorporate into my practice."

Dr. Wallace Edwards, School of Dentistry Associate Dean for Students and Alumni Affairs, is gratified by Joe's initiative and altruism. "It's good to know we have students who are conscientious and feel the need to help those less fortunate," he said. "That's something the dental school has always tried to instill."

Joe wants to participate in more mission trips and make volunteerism a part of his career. "You get so much more out of the experience than you could ever imagine, and you see places you'd probably never see otherwise," he said. "It's just a huge learning experience."

Student's Bone Marrow Donation Saves Child's Life

Christine Hurley Deriso

Jimmy Cline has never met the little girl whose life he saved, but he'll feel forever bonded to her.

"It's neat to know my blood is coursing through someone else's veins," said Jimmy, a fourth-year dental student at the Medical College of Georgia.

Jimmy was an undergraduate at Davidson College in

North Carolina when a fraternity brother was diagnosed with leukemia. Leukemia typically results when white blood cells proliferate uncontrollably in the bone marrow.

Jimmy joined the Red Cross bone marrow registry, hoping he could donate bone marrow to his friend. If the two were physiologically compatible, Jimmy's healthy marrow would take over the job of producing blood components for his friend. All Jimmy had to do to determine their compatibility was donate blood.

He wasn't a match with his fraternity brother, but he remained on the registry. This past December, Jimmy got a call. A 1-year-old girl was dying of Hurler's syndrome, a deforming and eventually fatal disease. Jimmy knew nothing about the child except the one thing that mattered: a bone marrow transplant would save her life, and Jimmy's marrow was a match.

"I didn't hesitate at all," he said.

In mid-December, Jimmy checked into Bowman-Gray Hospital in Winston-Salem, N.C., to have some of his bone marrow aspirated—a very safe procedure requiring four small incisions in the lower back. Jimmy was given general anesthesia, which is considered the biggest risk involved. "The procedure is very safe," he said. "The risks to benefits are so lopsided."

He spent two days in the hospital, then immediately resumed his normal schedule. "I was told to expect to be a little sore for a couple of weeks, but I wasn't sore at all."

Donors aren't told the identity of their recipients, but



Jimmy Cline

Jimmy received several unsigned letters from the child's mother. "The little girl is doing well," he said. "Her mother wrote how appreciative the family is that I would go through that for someone I didn't even know. I had the surgery around Christmas, and she said it was the best Christmas present they've ever had."

Jimmy remains on the registry and will be eligible to donate one more time if a match presents itself. He'd do it again, he said, in the blink of an eye.

"I encourage anyone to get on the registry," he said. "It's just a matter of sacrificing a little bit of time to save a life."

Dr. Bustos Plans Action-Packed Retirement

Christine Hurley Deriso

Dr. Sergio Bustos-Valdes appreciates all those who have wished him well upon his Jan. 31 retirement, but he has one request: Please don't call him a "retiree."

He has nothing against being a retiree. He just dislikes the sound of the word.

Dr. Bustos, a Professor Emeritus who taught biochemistry at the Medical College of Georgia for 27 years, has always had a passion for words. Along with his native Spanish, he speaks English and is improving his knowledge of French, German and Italian. In his estimation, nothing is less euphonious than English words that end in a double 'e.' So please don't call him a retiree. Or a referee either, for that matter.

Dr. Bustos grew up in Concepcion, Chile, where his rigorous and demanding public education stressed sciences, humanities and languages. "It was compulsory to take five years of French and six years of English in school," he said. He loved English so much that he supplemented his education with after-hours tutoring in the language.

"I became so enamored of it that I really wanted to go into linguistics," he said. "When I started amassing the vocabulary, it was like an avalanche of words. I still learn every single day. If I

come across a word I don't know, I have to go immediately to the dictionary."

But he was pragmatic enough to know that careers in linguistics were hard to come by. So while devouring the works of Oscar Wilde, Somerset Maugham and Aldous Huxley in his spare time, he earned a doctorate in dentistry in Chile.

In many parts of the world, including Chile, dentistry is considered a specialty of medicine. Earning his dental degree required that Dr. Bustos take three years of the curriculum required for medical students. The last three years were devoted to dentistry. "We had to do a hospital internship before being awarded a D.D.S. degree. I did mine in E.N.T."

After earning his degrees, Dr. Bustos applied for a prestigious Fulbright Scholarship. "My grand plan was to study abroad," he said. He won the scholarship and headed to the University of Rochester in New York, where he earned his Ph.D. in biochemistry. While there, he met and married wife Roxann. The couple soon had a son and two daughters and moved back to Chile to raise their family.

Dr. Bustos figured he was set for life, teaching physiology and biochemistry in his beloved hometown of Concepcion. He was utterly content...and then, in 1970, while at the University of Rochester as a visiting scientist, he got a call from the Medical College of Georgia.

Dr. Judson Hickey, founding Dean of the MCG School of Dentistry, was recruiting faculty for his fledgling school. He was particularly interested in scientists with Ph.D. and dental degrees. "All

of the original faculty had dual degrees," Dr. Bustos said. "Although he was not trained as a scientist, Dr. Hickey was quite aware of the importance of the basic sciences in dentistry. He anticipated very early that dentistry in the future would no longer deal exclusively with dental caries and periodontal disease. Instead, its scope would include all the diseases and disorders that affect the oral and maxillofacial structures throughout life. He is quite a remarkable man."

As impressed as Dr. Bustos was with Dr. Hickey's commitment and gentlemanly disposition, he politely declined the offer. Dr. Hickey wrote him a note urging him to call if he changed his mind.

Dr. Bustos tucked the note in a drawer and kept rereading it. Maybe he *should* go to MCG.... He finally accepted Dr. Hickey's offer, unsure of the wisdom of his decision even as his family flew into Augusta. "When we landed at Bush Field, I still wasn't sure," Dr. Bustos said. He reassured himself that the move was only temporary. He and his wife even kept most of their belongings in Chile.

But he didn't anticipate how much the family would love Augusta. Dr. Bustos was delighted to discover how committed Dr. Hickey was to his faculty. He invited Dr. Bustos to design his own lab to his specifications. "Besides being personable, knowledgeable, articulate and caring, Dr. Hickey was a charismatic leader," Dr. Bustos said. "He would stop by my office and ask how I thought he could make the school better. He had tremendous rapport with people. He knew everyone by their first name."



Dr. Sergio Bustos-Valdes in lab he established at MCG

Dr. Bustos has taught every dental class at MCG except the first one. He also taught biochemistry to students in MCG's Schools of Allied Health Sciences, Graduate Studies and Medicine. He served as Coordinator of the Biochemistry Department from 1979 to 1996 and retired as Professor of Biochemistry in the Schools of Dentistry and Graduate Studies.

As a Professor, he is gratified that the National Academy of Sciences through the Institute of Medicine has recently recommended a closer integration of dentistry with medicine. "I believe this is very timely in view of the fact that medically complicated or compromised patients, especially the elderly, are becoming a larger part of the dental practice," he said. "Treatment for these patients will require that their systemic health problems be taken into account. Changes in oral health care will make the acquisition of additional knowledge on these diseases more important in the future."

He also advocates other curricular changes. As a Professor, he has long felt that the crowded coursework

of the predoctoral dental curriculum does not allow students enough time to integrate basic and clinical skills or take full advantage of MCG's library and computer facilities. He favors problem-based learning to stimulate critical thinking and problem-solving skills in predoctoral courses. Upon his retirement, he has been asked to help facilitate problem-based learning in the School of Medicine curriculum.

Indeed, his retirement will probably be as labor-intensive as his career. He chairs the Savannah River Site Health Effects Subcommittee, an independent group of citizens charged by the Centers for Disease Control and Prevention to study the effects of radiation on citizens who live near nuclear plants. Dr. Bustos also plans to travel extensively, both to practice his language skills and hear performances of jazz and classical music. He plays jazz piano and classical guitar and looks forward to spending hours practicing his instruments. An avid singles/doubles tennis player, he also plans to spend lots of time on the court. And of course, he and his wife intend to devote lots of time to enjoying their

grandchildren. But first he has to finish moving out of his MCG office.

"I've been coming day and night to sort, select and discard books and files in my office," he said. "My files date back to 1958."

The transition has been bittersweet, filled with emotional farewell lectures to his students. But he's excited about moving on. "I have ambitions I have not fulfilled," he said.

Dr. Pashley Wins Hollenback Prize

Christine Hurley Deriso

Dr. David Pashley, Regents Professor of Oral Physiology at the Medical College of Georgia, has received the 1998 Hollenback Memorial Prize for research that led to new treatments for tooth sensitivity.

The award, established in 1975 to honor the late George M. Hollenback for his contributions to dentistry, is presented annually by the Academy of Operative Dentistry to honor research in restorative dentistry.

Dr. Pashley discovered that oxalate, an industrial oxidant used to bleach clothing, can treat tooth sensitivity.

Oxalate reacts with the calcium in a tooth's mass to form microscopic, white crystals. The crystals clog thousands of open tubules—fluid-filled columns believed to transmit painful stimuli across dentin, the porous, pliable substance that comprises

most of a tooth. At the end of each tubule near the tooth's root is a nerve. Researchers believe those nerves are stimulated by movement of the fluid in the tubules. If the tubules' contents are disturbed, for instance by hot or cold drinks or vigorous brushing, the nerves can be stimulated, causing the pain associated with sensitive teeth. Studies indicate that approximately one in six adults have one or more chronically sensitive teeth.

Dr. Pashley and MCG hold the patent on uses of oxalate as a dentin sensitizing agent.

Dr. Pashley received his dental degree from the University of Oregon and a Ph.D. in physiology from the University of Rochester. He joined the MCG faculty in 1970 and holds joint appointments in the School of Graduate Studies and Department of Physiology and Endocrinology. His research over the past 24 years has been supported by the National Institute of Dental Research.

Dr. Tilley Awarded Mastership

Dr. Larry L. Tilley ('75), a dentist in Calhoun, Ga., has been awarded a mastership in the International College of Cranio-Mandibular Orthopedics.

The college is a society of health care professionals interested in preventing and correcting deformities related to head and neck pain and dysfunction and eliminating

pain and suffering of those with the disorders.

Dr. Tilley is involved in continuing education and research in diagnosing and treating craniomandibular disorders and chronic pain. He teaches anatomy and physiology as an Assistant Professor at Floyd College. He is a certified massage therapist and a certified neuromuscular therapist. He has served as a senior TMJ instructor for the U.S. Dental Institute.

Dr. Tilley is a founding member of the Atlanta Craniomandibular Society and Tennessee CRANIO and a co-founder of Framework Seminars. He is a founding member and fellow of the American Academy of Head, Neck and Facial Pain. He is a diplomate of the American Board of Head, Neck and Facial Pain and the American Academy of Pain Management.

Upcoming Continuing Education Courses

Editor's note: The following dental education programs are sponsored by the Medical College of Georgia School of Dentistry.

June 28-July 4

13th Annual Symposium on General Dentistry, King and Prince Beach Resort, St. Simons Island, Ga.

July 24-26

16th Annual Dental Hygiene Symposium, Savannah Marriott Riverfront, Savannah, Ga.

July 31-Aug. 3

22nd Annual Participation Course on Clinical Anatomy of the Head and Neck, MCG campus

July 31-Aug. 2

Bleaching and Other Esthetic Options, Renaissance Pinelake Resort, Lake Lanier Islands, Ga.

Aug. 7-9

Periodontics: The Art and Science of Periodontal Therapy, Callaway Gardens, Pine Mountain, Ga.

Sept. 4-7

13th Annual Specialize Your General Dentistry, Sea Palms, St. Simons Island, Ga.

Sept. 17-20

National Symposium on Endodontics, Restorative Treatment and New Technologies, Atlanta Marriott Gwinnett Place, Atlanta, Ga.

Oct. 23-25

Dental Update for the General Practitioner—Removable Prosthodontics, Sleep Apnea, Oral Diagnosis, Brasstown Valley Resort, Young Harris, Ga.

Nov. 5-8

Clinical Techniques for Patients Requiring Advanced Fixed-Restorative Treatment, Sheraton Colony Square, Atlanta, Ga.

Nov. 21-22

The Wilmer B. Eames Distinguished Lecture Series, Atlanta Marriott Gwinnett Place, Atlanta, Ga.

Dec. 10-11

Last Chance Continuing Dental Education—Oral Pathology, Endodontics, Implants, MCG campus

Labs Serve Researchers Campuswide

Christine Hurley Deriso

The Medical College of Georgia has consolidated the resources to perform esoteric tests such as DNA sequencing for researchers campuswide.

The Molecular Biology Core Facility, run jointly by MCG's Department of Biochemistry and Molecular Biology and Institute of Molecular Medicine and Genetics, performs DNA and protein sequencing, DNA and protein synthesis and mass spectrometry analysis. Biomedical researchers rely on these tests for research such as determining the genetic basis of a disease or determining how a protein can become altered to cause disease. As biomedical research delves ever deeper into the genetic basis of disease, the tests are more vital than ever, according to Dr. Terrance A. Stoming, Director of the Molecular Biology Core Facility.

But as vital and widely used as the tests are, they require extensive training and resources. "All the equipment is computerized and very expensive," Dr. Stoming said. "The average investigator can't afford to buy it. And it takes time to learn how to use it. You really have to know what you're doing; it's very hands-on."

Therefore, the Department of Biochemistry and Molecular Biology and Institute of Molecular Medicine and Genetics—both of which rely heavily on the tests—asked

the MCG School of Medicine two years ago to consolidate the resources and staff needed to serve both their needs and those of the entire campus. MCG School of Medicine Dean Darrell Kirch set the consolidation in motion; the lab has been functioning ever since in room 2203 of the Carl T. Sanders Research and Education Building, staffed full time by Drs. Stoming, Carolyn J. Leithner and John F. Nechtman.

Dr. Frederick Leibach, Chairman of the Department of Biochemistry and Molecular Biology, and Dr. Howard Rasmussen, Director of the Institute of Molecular Medicine and Genetics, have epitomized MCG's spirit of research cooperation by agreeing to consolidate their resources for the benefit of the entire campus, Dr. Stoming said.

"It's been very effective," Dr. Leibach said. "The lab has been expanded extensively. I think it's working extremely well and we're still expanding."

And the campus has responded enthusiastically. "Both of our DNA instruments run every day, all day long," Dr. Stoming said. "We do about 90 percent of DNA sequencing and synthesis on campus." The lab's DNA results are generally available in 48 hours, as opposed to about a week's turnaround time for off-campus labs, Dr. Stoming said.

The lab can serve researchers in every stage of their work, Dr. Stoming said, noting that its services are particularly crucial to attract research funding. "Our goal is twofold: to provide a service and to help investigators get grants," he said. "Researchers

need preliminary results to show that the results will be worthwhile if they have to money to carry on."

Another lab available to researchers campuswide is MCG's Cell-Imaging Core Laboratory, which uses high-powered microscopes and other technology to observe changes in cells. Like the Molecular Biology Core Facility, the lab consolidates expensive equipment and concentrated expertise to serve the entire campus. "This technology enables us to follow changes in living cells," said Dr. Steve Vogel, Director of the lab. "Its applications run the gamut from basic research to clinical study of diseased cells. As the cell is changing, you're watching it happen in real time."

The equipment also can create three-dimensional views of the cells or tissues being studied.

The lab, in room 2740 of the Carl T. Sanders Research and Education Building, is run by the MCG Institute of Molecular Medicine and Genetics.

For more information about the labs, call Dr. Stoming at (706) 721-7672 or Dr. Vogel at (706) 721-1604.

Dr. Brann to Chair Gordon Conference

Susan Yarborough

Dr. Darrell W. Brann, a 1990 graduate of the Medical College of Georgia School of Graduate Studies and MCG Associate

Professor of Physiology and Endocrinology, will chair the 1999 Gordon Research Conference on Excitatory Amino Acids and Brain Function.

The 1999 meeting, to be held June 27-July 2 at Plymouth State College, Plymouth, N.H., will be the second Gordon Conference on Excitatory Amino Acids. Dr. Brann organized and served as Vice Chairman of the first session June 29-July 4, 1997.

The invitation to establish a new Gordon Conference indicates that research results have raised understanding of biological and physical structures and processes to new levels, Dr. Brann said.

The Gordon Research Conferences were founded by Dr. Neil E. Gordon of Johns Hopkins University in the 1920s to provide an intimate forum for discussions among cutting-edge researchers from the biological, chemical and physical sciences. Participants are selected for their scientific accomplishments and ability to contribute meaningfully to the discussions.

Excitatory amino acids—the subject of the 1999 conference—serve as neurotransmitters, regulating the excitability of nerve cells. Glutamate is the most widespread excitatory amino acid neurotransmitter in the human brain, with roles in learning, memory, aging and development, Dr. Brann said. Defects in glutamate production and processing are involved in many diseases, including Alzheimer's disease, Parkinsonism and stroke. For example, brain cells deprived of oxygen during stroke release large amounts of glutamate, which at high concentrations induces neurons to

die. Researchers are seeking ways to decrease or block glutamate release in the brain to reduce damage to neurons from stroke and other brain injuries.

Dr. Brann's laboratory investigates glutamate's role in the brain's control of reproduction. Increased release of glutamate from the hypothalamus ultimately stimulates the release of the ovulatory-inducing factor, luteinizing hormone. Dr. Brann has found that while glutamate enhances reproductive function, glutamate antagonists can impede it—findings that may ultimately lead to new treatments for infertility and birth control.

Dr. Brann is applying for grants from the National Institutes of Health and other funding agencies to pay the travel expenses of speakers, foreign scientists, graduate students and postdoctoral fellows invited to the conference.

Dr. Krauss Named to Pathology Committee

Dr. Jonathan S. Krauss, Professor of Pathology at the Medical College of Georgia, has been appointed to the Technology Education Committee of the College of American Pathologists.

Dr. Krauss, Director of MCG's Hematology, Ambulatory Care Center and Flow Cytometry Laboratories, will serve a one-year term on the 20-member committee charged with assessing the

role of new technology in the practice of pathology.

He has served on the College of American Pathologists' Hematology Clinical Microscopy Resource Committee, Alternative Site/Point of Care Testing Committee and the Laboratory Accreditation Program.

The College of American Pathologists is the world's largest association of pathologists and an advocate for high-quality, cost-effective patient care.

3 Win Vesalius Scholarships

Christine Hurley Deriso

Three Medical College of Georgia graduate students in the Department of Medical Illustration have received 1998 Vesalius Trust scholarships.

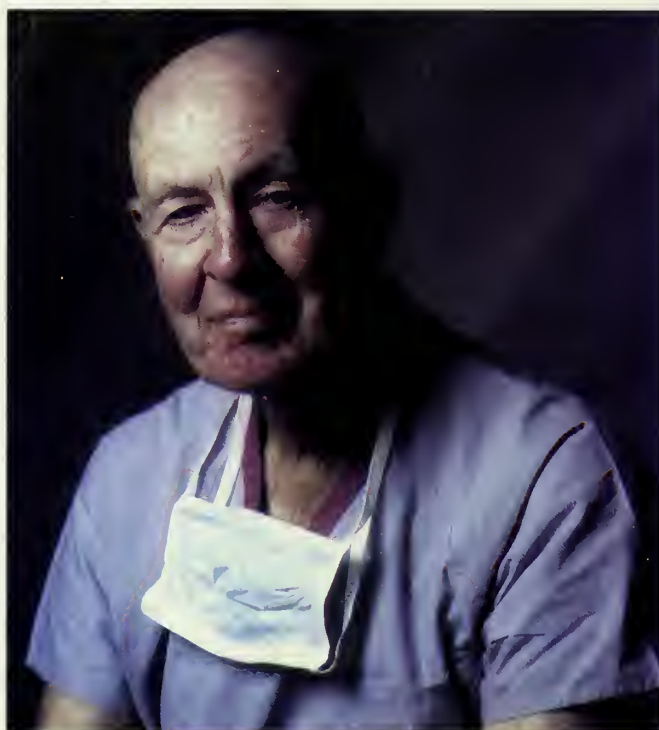
The Vesalius Trust, a corporate affiliate of the Association of Medical Illustrators, advances education and research in visual communication for the health sciences. The trust has funded 15 scholarships totaling more than \$18,000 this year. Applications for the scholarships are reviewed by a board that considers academic achievement and judges a project submitted by applicants. The recipient with the highest academic ranking receives the trust's Alan Cole Scholarship, named for a former member of the Association of Medical Illustrators.

MCG student Anne D. Rains received the 1998 Alan

Cole Scholarship. Her project is titled "Lymphedema Education for Breast Cancer Patients: An Interactive Web-based Teaching Tool."

The other MCG scholarship recipients, and the names of their projects, are Craig R. Brasco, "Promoting Tuberculosis Education with the World Wide Web," and Paul R. Chason, "Smoking Cessation: An Interactive Guide Utilizing the World Wide Web."

All three projects are being produced jointly with the MCG Department of Medical Illustration and the Center for Total Access at Eisenhower Army Medical Center.



Women's Center to be Named for Dr. Watson

Christine Hurley Deriso

The Women's Center of University Hospital in Augusta will be named for Dr. W.G. "Curly" Watson, a 1943 graduate of the Medical College of Georgia School of Medicine.

The W.G. Watson, M.D. Women's Center, part of a \$19 million, six-floor renovation of University Hospital, is scheduled to open in mid-1999.

Dr. Watson, 87, began his practice at University Hospital in 1947 and has chaired the hospital's Obstetrics/Gynecology Department for most of those 50 years. He has delivered more than 15,000 babies during his career. Dr. Watson delivered his last baby in

Dr. W. G. "Curly" Watson

December 1995, but his gynecology practice continues, beginning with rounds at 6:15 a.m.

A native of Trenton, S.C., Dr. Watson graduated from The Citadel during the Depression and coached high school football in Edgefield, S.C., and Bainbridge, Ga., while saving money to go to medical school. He taught at MCG after earning his medical degree there, earning the title Professor Emeritus of Obstetrics and Gynecology.

Kathleen Girdler Engler created a sculpture of Dr. Watson that will be permanently displayed in the W.G. Watson, M.D. Women's Center. Dr. Watson also has been honored with the W.G. "Curly" Watson, M.D. Endowment, established through University Health Care Foundation to support nursing continuing education, community-focused education programs for women, obstetrical lectureships and more.

Alumnus Takes Aim at Child Molestation

Christine Hurley Deriso

Child molesters are so pervasive that you almost certainly know one yourself. You just don't know you know one.

So says Dr. A. Kenneth Fuller, a 1983 graduate of the Medical College of Georgia who has treated hundreds of child molesters and their victims. "Millions of children are forced into sexual activities with grown-ups," says Dr. Fuller, Chief of Psychiatry at Southwestern State Hospital in Thomasville, Ga. Dr. Fuller has written extensively about the subject; his book, *Unacceptable Risk: Child Sexual Abuse and AIDS*, is scheduled to be published this summer by Thomas College Press.

The stakes of child molestation have never been higher. "All child molesters are dangerous. HIV-infected child molesters, however, can be serial killers," he writes. "Assuming that the pool of HIV carriers has its share of child molesters, we can see that danger lies straight ahead." And indeed, the evidence is already at hand: AIDS is a leading cause of death among 15- to 24-year-olds in the United States; therefore, many obviously were infected during childhood, he notes.

Even sexually abused children who don't contract AIDS suffer in myriad ways. Most shroud this aspect of their lives in secrecy, feeling afraid and ashamed. They usually



Dr. A. Kenneth Fuller

.....
know, and initially trust, their abuser, Dr. Fuller says, which creates a cloud of confusion. As one victim is quoted in his book, "When you are caged in abuse, you begin to understand the essence of defeat. I blamed myself and saw the world as random and meaningless. You'll never know how sweet childhood and life can be unless you've lost them for four years."

Victims who do reveal the secret are often devastated to discover they aren't believed. "From the victim's point of view, failure of adults to believe them must be dreadful," Dr. Fuller writes. "One woman confided to her therapist, 'I felt betrayed by someone that I thought I could trust.' Incidents of child molestation do not cease to exist because they are ignored."

Dr. Fuller's top priority when treating sexually abused children is to establish trust so that victims can regain their sense of security. "The object of therapy is to dispel feelings of defenselessness and vulnerability of being menaced in an unsafe world," he writes. "In order to feel protected against future abuse the child needs a firm bond with a responsible adult."

Medications, including serotonin reuptake inhibitors, can also help treat victims, particularly those who suffer post-traumatic stress disorder or major depression. Physically healthy children who receive prompt and effective therapy—and, of course, are protected from further abuse—stand an excellent chance of a well-adjusted future, Dr. Fuller says.

AIDS victims, of course, have a very limited future, so getting a grip on child molestation is vital, Dr. Fuller says. He urges society's vigilance in spotting and reporting children at risk. Red flags include depression, poor conduct, personality change, social withdrawal, a drop in school grades, phobia, seductive behavior and panic attacks. Physical signs of abuse include injured private parts, vaginal/penile discharge, poor anal tone, painful genitalia, unexplained bruises, painful urination, venereal disease and pregnancy.

Of course, parents are the first line of defense. "Know where your child is and who he is with," says Dr. Fuller, a father of two. Lurking, creepy strangers are less typical than friendly acquaintances who seem excessively drawn to children and seek out their private company. Dr. Fuller notes that child molesters often cultivate a seemingly warm and empathetic rapport with children. "One theory is that child molesters actually overempathize with children, but that's different from the true empathy of recognizing you're hurting the child," Dr. Fuller says.

Most child molesters are steeped in denial, elaborately rationalizing and justifying

their abuse. Some, including a child molester who wrote Dr. Fuller several letters from prison, insist the act is natural and benign. Many abusers were molested themselves as children, and stress, such as a divorce or job loss, can trigger abuse.

Molesters can be rehabilitated, but they must be motivated, Dr. Fuller says. Treatment includes behavior therapy and medications. The same serotonin reuptake inhibitors used to treat depression and post-traumatic stress disorder can also be used to curb deviant impulses. Those least likely to be rehabilitated are molesters who abuse multiple children, often strangers, and those whose sexual attraction to children is immutable. "When you look at what causes offenders to relapse, a hard-wired sexual orientation seems to be a major predictor," Dr. Fuller says. Research indicates both biology and environment contribute to that orientation.

Understanding all of the elements that contribute to child molestation is vital to treating it successfully, Dr. Fuller says. "The field is very similar to how alcohol abuse was perceived in the 1950s and 1960s: society is still grappling with whether it's a disease, a moral issue, a social problem.... I truly believe it's all those things."

Dr. Burgess Named Chief

Toni Baker

Dr. Russell E. Burgess, who has practiced in the Augusta community for 17 years, has joined the Medical College of Georgia as Chief of the Section of Hematology/Oncology.

"Dr. Burgess will devote his efforts toward establishing a premier comprehensive cancer center at the Medical College of Georgia which will be well integrated with the needs of our community," said Dr. John Hardin, Chairman of the MCG Department of Medicine. "A major focus of his efforts will be directed at expanding the role of oncology, the development of a bone marrow transplant program and establishment of a broad base of trials of new treatments for patients with cancer."

Dr. Burgess is a 1974 graduate of Bowman Gray School of Medicine. He completed his internal medicine residency at Madigan Army Medical Center in Tacoma, Wash., and a two-year fellowship in hematology/oncology at Fitzsimmons Army Medical Center in Denver from 1977 to 1979, during which time he also served on the Lung Cancer Committee of the Colorado Clinical Oncology Group.

After completing his fellowship, he was assigned to Dwight David Eisenhower Army Medical Center at Fort Gordon for two years where he helped create and develop the hematology/oncology pharmacy and outpatient ser-

vice before opening Augusta Oncology Associates. He is Vice President of the Georgia Society of Medical Oncology.

Upcoming Continuing Education Courses

Editor's note: The following medical education courses are sponsored by the Medical College of Georgia School of Medicine.

June 26-28

2nd Annual Summer Transplant Symposium, King and Prince Beach Resort, St. Simons Island, Ga.

June 29-July 4

29th Annual Internal Medicine Symposium, The Cloister, Sea Island, Ga.

July 13-16

18th Annual Obstetrics and Gynecology, The Cloister, Sea Island, Ga.

July 20-22

21st Annual Pediatric Update, King and Prince Beach Resort, St. Simons Island, Ga.



MCG School of Medicine senior Marty Murthy reacts to news that he received his first choice of a residency site—Deaconess Hospital in St. Louis, Mo., during Match Day March 18. Sixty percent of MCG seniors matched with their first choice.

July 27-31

Medical and Surgical Approaches to GI Disorders, The Cloister, Sea Island, Ga.

Aug. 13-15

8th Annual Neurology for the Non-Neurologist, The Cloister, Sea Island, Ga.

Aug. 16-21

20th Annual Critical Care Medicine, The Cloister, Sea Island, Ga.

Aug. 21-25

8th Annual Sleep Disorders, The Cloister, Sea Island, Ga.

Sept. 2-4

Georgia Statewide Telemedicine Conference, Savannah Marriott Riverfront, Savannah, Ga.

Sept. 10-12

Myeloid Cell Biology and Their Interaction with Lymphocytes, DeSoto Hilton, Savannah, Ga.

Oct. 7-9

22nd Annual Neonatology—The Sick Newborn, Radisson Riverfront Hotel, Augusta, Ga.

Oct. 15-17

5th Annual Management of the Difficult Neurological Patient, Grand Hyatt, Atlanta, Ga.

Oct. 23-25

5th Annual Primary Care Issues in Endocrine, Renal and Metabolic Disease, Brasstown Valley Resort, Young Harris, Ga.

Oct. 29-Nov. 1 Cardiology in the Garden of Good and Evil, Hyatt Regency, Savannah, Ga.

Nov. 12-14

Neurology for the Non-Neurologist, Grand Hyatt, Atlanta, Ga.

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Faculty Member Rallies After Stroke, Cancer

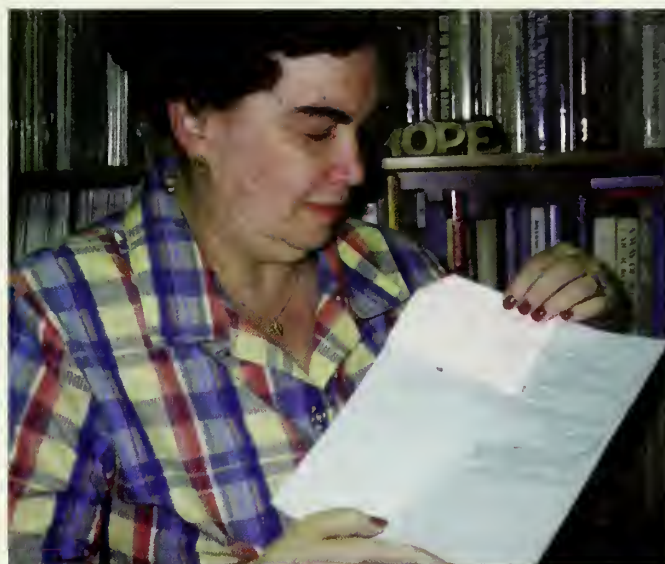
Christine Hurley Deriso

For the past several months, Dr. Patricia Lillis has kept the most unlikely of mementos. It's a scrap of paper filled with large, illegible scribbling. The paper may be largely worthless, but what it represents—courage, resilience and hope—Dr. Lillis considers priceless.

The scribbling on the paper is Dr. Lillis's signature, one she penned soon after the stroke she suffered in May 1996. The stroke partially paralyzed her right side and left her unable to talk. Since then, Dr. Lillis, Associate Professor of Adult Nursing at the Medical College of Georgia, has tenaciously fought her way back to independence, battling blood clots, a lung disease and ovarian cancer along the way. Gazing at the scribbled signature, she says softly, "That's how far I've come."

Today, as Dr. Lillis sits confidently at her desk in her Jennings Wing office, she reflects on the past couple of years with wistful equanimity. "I believe there is truth to the principle that stress can cause us to stretch and grow and that progress is oftentimes made in very small steps," says Dr. Lillis.

Indeed, throughout her ordeal, she's drawn strength from, of all things, the inchworm. "I was sometimes terribly depressed, but I thought if



Dr. Patricia Lillis with signature she penned shortly after her stroke

I moved even an inch at a time, I would meet my goal. The inchworm moves slowly, but he's still moving forward."

Dr. Lillis, 56, was the picture of health before her stroke. She has always practiced the wellness concepts she teaches, and as the Chairman of the Department of Adult Nursing, she had the added health bonus of loving her work.

"Since I was a little girl, I wanted to be a nurse," she says. She joined the MCG faculty in 1972 and thrived giving lectures, teaching clinical skills and researching factors that affect quality of life. Ironically, a major research focus was the subject of hope.

"For something like this to happen, I've had to really believe what was in the back of my mind: that I could make it and that I had hope."

The morning of Dr. Lillis's stroke, she knew something was terribly wrong—but she didn't know what. "My head felt so strange. The smallest effort, mental or physical, was exhausting ... and I could not

speaking."

She lives with her mother, who quickly called for help. "In the next period from home to the emergency room at MCG, most everything became a blur, but I recall that I felt so deprived of my self."

Dr. Lillis was flooded with support during her MCG stay. Her sister, who is the Dean of Nursing at the University of Edinburgh in Scotland, rushed to her bedside. MCG President Francis J. Tedesco, School of Nursing Dean Vickie Lambert and other colleagues visited often. Dr. Lillis was overwhelmed by their support and by the care she received at MCG. "[MCG neurologist] Martha Nichols and her medical students were warm, wonderful and full of personality," she says.

She required extensive therapy to regain the ability to speak and use her right side. The therapists and other health care professionals involved in her care were invaluable to her recovery, she said. "Being very healthy before the stroke, I didn't

appreciate how important little things were in my life; I remember the therapists helping me sing *Jingle Bells* in the hospital. That was one of the first things that came out of my mouth." She particularly recalls the support and encouragement of speech therapist Ellie Huber and physical therapist Trish Kinney.

After her release from the hospital, Dr. Lillis gave up the chairmanship of her department but was intent on returning to work after her recuperation. But her physical ordeal was far from over.

Three months after her stroke, she was readmitted to MCG with excruciating blood clots, which required surgery. One month later, she found she could barely breathe and was diagnosed with pleural effusion; fluid was leaking from her lungs, requiring yet another surgery. A week later, doctors discovered an abdominal mass that turned out to be ovarian cancer. She had a hysterectomy Sept. 22.

"I can't help but wondering, 'Why did one thing after another happen?'"

But Dr. Lillis couldn't afford the luxury of self-pity; she poured all her energy into recovery. The goal she never lost sight of was resuming her career. Last September, she reclaimed her office.

"Dr. Lillis is one of the most resilient individuals I have ever met," says Dr. Lambert. "She puts a great deal of effort into her work. Dr. Lillis has always enjoyed her role as a nurse educator and, no doubt, that often was a factor that kept her going during her numerous bouts with illness."

But Dr. Lillis had no illusions. She knew she had to muster all her resources to

return to work. Her first order of business was to be completely forthcoming. "I made certain that my students knew that I was not inebriated, but that I had had a stroke," she says, referring to her slightly halting speech and difficulty using her right side.

She struggles with fatigue and some residual pain, but her cancer shows no sign of recurring and she often works 10 or more hours a day. "I want to work. I'm excited about being here. Some days I'll close my door for an hour and rest. That helps me get through the day. If things get too bad, I'll take a day off. But I haven't yet."

In some ways, she says, she's never felt more energized. "Before my stroke, I had been postponing a lot. I'm working on a nine-month schedule now, so I'll have more time to do the things I love, like travel. I don't postpone things anymore."

Nurse Pursues Multiple Paths in Field

Christine Hurley Deriso

Dr. Lenette Burrell remembers sitting in a hospital cafeteria some 30 years ago, sharing her frustration with a colleague that so little literature was available in the field of intensive-care nursing.

Somebody, they mused, should write a book.

So...Dr. Burrell wrote a book.

It isn't her nature to sit back and complain when something needs to be done. She just rolls up her sleeves and does it. Such dedication has taken her nursing career in a thousand different directions, all of which she's enjoyed.

"Nursing has been a wonderful career—something I always wanted to do," said Dr. Burrell, who retired in June as a Professor of Adult Nursing at the Medical College of Georgia's Athens campus.

Dr. Burrell, a native of Aiken, S.C., earned a nursing diploma from Augusta's University Hospital in 1947, then worked in local hospitals while husband Zeb went to medical school at MCG. They had four children in quick succession. "When Zeb was in school, I'd work nights and he'd keep the children," Dr. Burrell recalled. "I look back on it and I'm not sure how we managed."

Her husband graduated in 1952. The family settled in Milledgeville, Ga., where Zeb practiced internal medicine and Lenette earned a bachelor's degree in social science from Georgia College. In 1964, the college began a nursing program; the instructor hired for the program quit less than a week after she began. Dr. Burrell was asked if she could fill in temporarily. "I stayed seven years," she said with a laugh.

Dr. Burrell discovered that she loved teaching. "I like to see the growth of the students and the 'a-hah!' on their faces when they catch on to what I'm talking about."

To bolster both her teaching and nursing credentials, she earned a master's degree



Dr. Lynette Burrell

in adult nursing from MCG in 1972. That same year, MCG began a satellite nursing school in Athens. The Burrell family had moved to nearby Elberton, and Dr. Burrell joined the faculty of the fledgling satellite campus. She began by teaching courses to registered nurses seeking a bachelor's degree, then also taught generic bachelor's-degree students. Her instruction always included a heavy dose of clinical experience, which helped her maintain her skills.

She's loved combining her love of teaching with her love of nursing. "There's a service aspect to nursing," she said. "Nursing helps with living. It teaches you so many things about everyday life—prevention, treatment, caring for children, mental health, leadership...the list goes on and on."

Dr. Burrell also has taken great satisfaction in watching the field evolve. "Nursing knowledge has advanced so much," she said. "It's growing in all areas, and it keeps you on your toes to keep up. I see the role of nursing increasing, with nurses playing a greater role in assessing health problems and noticing changes in

a patient's health. If you can spot problems early, you can avoid a lot of problems."

Nursing education, obviously, has changed along with the field. "Nursing has become very scholarly with more emphasis on publication, research and teaching," she said. "Watching the progress of nursing has been most fulfilling."

As the field has changed, so have Dr. Burrell's students. "More of the students are men now, and many have degrees in other fields before pursuing nursing. Now they're fulfilling their dream."

Much of what Dr. Burrell teaches them comes from her own text. She has written, co-written and/or edited several nursing books, most in the fields of critical care and intensive care. Her husband has been a co-writer for most of them. "I have a wonderful husband," she said. "He's my best friend."

She almost lost him twice in recent years to serious illnesses, but both times he pulled through. "[Before one surgery], he said, 'You need to prepare to let go.' I said, 'I will when I have to.'"

He's doing well now, and the couple is eagerly anticipating her retirement. In addition to enjoying her eight grandchildren, Dr. Burrell plans to complete the third edition of her nursing textbook. She also teaches adult literacy classes, an endeavor she encourages her students and colleagues to pursue. "The eagerness of the students to learn makes it so fulfilling," she said. "I'd like to encourage other nurses to do that."

Dr. Malone Urges Nursing Unity

Christine Hurley Deriso

Dr. Beverly Malone vividly remembers a conversation she had with an elderly patient when she was a 19-year-old nurse-in-training.

"Beverly," the patient said earnestly, "you're the best nurse I ever had. When you're not here, my care just falls apart."

At the time, Dr. Malone was tremendously flattered. But in retrospect, she realizes the patient's observation was no compliment to the nursing profession.

"Nursing is sometimes a very individualistic kind of profession," said Dr. Malone, President of the American Nurses Association and guest speaker at the Medical College of Georgia Feb. 24 in commemoration of Black History Month. "Sometimes we prepare our students in too isolated a fashion. We need a lot of collaboration and partnerships between nurses and nursing groups. Nursing is not a solo endeavor."

Rather than nurses subscribing to the notion of caring for "their" patients, they must work together to ensure quality care for all patients, she said.

Such comradery is particularly vital, she noted, as the nursing profession becomes increasingly diverse. She urged nurses to embrace their colleagues' differences. "Not everyone considers diversity to be a winning strategy," Dr.

Malone said. "Some people think of it as nothing but a headache. But I believe wholeheartedly that our differences are our strengths."

But while appreciating diverse cultures and ethnic groups, she said, the health care profession needn't have separate standards or practices for each. "When you take care of quality, you take care of all the different layers and cultures of people."

She is encouraged that issues affecting quality are finally catching up to issues affecting cost-effectiveness in health care. She is a member of a commission appointed by President Bill Clinton charged to assure equitable and quality health care for all Americans. The commission recently established a consumer bill of rights and responsibilities ensuring, among other things, patient confidentiality and choice of health care providers. "We are at a great point in terms of providing a safety net," Dr. Malone said.

She also lauded President Clinton's efforts to close the gaps that make minority groups particularly at risk for certain diseases, such as diabetes and AIDS. "By the year 2010, President Clinton wants all the gaps closed," she said. "He has set aside \$400 million to be used as the glue to connect existing resources. I think it is a historical, landmark decision. It's one thing to talk about minority issues; it's another thing to have a plan."

She charged nursing students to carry on the tradition of being patients' most effective advocates. "The real goal of nursing," she said, "is to remain in close partnership with patients."

Association Honors Students

Kathy Bergh, a Medical College of Georgia School of Nursing student, was named the Member of the Year of the Georgia Association of Nursing Students during the association's convention Feb. 5-8.

Ms. Bergh is a member of the MCG chapter of the association, which represents nursing students statewide. She attends MCG's satellite nursing school in Athens, Ga.

Also during the convention, MCG School of Nursing students Melanie Aaron, Beth Norman and Paige Whitaker were named to the 1998 Georgia Association of Nursing Students Board.

H O M E C O M I N G 1 9 9 8



School of Medicine Dean's Reception



Eugene Murdock presents Phoebe Kandel Rohrer Award to Dr. June Larrabee during School of Nursing Alumni Association Dinner



Dr. Manasses C. Fonteles delivers School of Graduate Studies lecture



MCG Homecoming Dance, featuring the Dick Goodwin Big Band

H O M E C O M I N G 1 9 9 8



Student Government Association cookout



Amy Porterfield presents School of Allied Health Sciences Distinguished Alumna Award to Cynthia T. Hughes (left)



President's Reception



Tour of MCG Children's Medical Center, dedicated during Homecoming

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